

Teignmouth Care Limited

The White House

Inspection report

15 Woodway Road
Teignmouth
Devon
TQ14 8QB

Tel: 01626299626

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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 is a care home that provides personal care for up to 22 older people. At the time of the inspection 20 people were living at the service. Some of these people were living with dementia. There were five self-contained flats attached to the service. People living in them were supported by the staff team and spent time in the communal areas of the main house if they wished.

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

Risks associated with people's care had been assessed and guidance was in place for staff to follow. A robust specialised risk assessment was completed before a person could move into the self-contained flats connected to the home. This was reviewed frequently to ensure it remained current and the person was able to continue living there safely. Peoples capacity had been assessed regarding the decision to live in the flats and best interest decisions made when required. Applications had been made appropriately to legally deprive people of their liberty. They were reviewed monthly.

Staff were recruited safely. There were sufficient staff employed and on duty to meet people's needs and keep them safe over a 24-hour period. This allowed for effective monitoring of people's welfare in the self-contained flats. Staff were very visible during the inspection, anticipating and responding to people's need for support. A relative told us how a new member of staff had 'taken the time' to sing to their family member, telling us, "It's the little things they do that make the difference."

There were robust infection control practices in place. However, government guidance had not been fully understood regarding a member of staff unable to wear a mask for health reasons. The registered manager responded immediately to feedback, taking action to ensure peoples safety.

Care plans were detailed, person centred and reviewed frequently with people, and their relatives where appropriate. They gave staff the information they needed to support people safely in line with their individual needs and preferences. The electronic care planning system ensured information about any changes in people's needs was shared promptly across the staff team.

Relatives spoke highly of the way the home kept them involved and informed about the service and welfare of their family member during lockdown. They could use the 'relatives gateway' to access their relatives' information on the electronic care planning system. This meant they could see and monitor the care being provided in real time and raise concerns if they had any.

People received their medicines safely, and in the way prescribed for them. The provider had good systems to manage safeguarding concerns, accidents and environmental safety. The service worked alongside external health and social care professionals to support people. Safeguarding processes were in place to help protect people from abuse.

The provider and management team had worked to make significant improvements at the service. Feedback from a visiting professional stated, "I have seen significant improvements in the management, communication and professionalism over the last two years."

A comprehensive quality assurance programme was in place. The management team were highly visible on the floor, supporting staff and monitoring practice. The providers visited the service weekly and attended monthly quality monitoring meetings.

There was a transparent and open culture at the service. Staff spoke highly of the improvements made and the way the service was managed. Comments included "It's well managed. They listen. They take on what we are saying. It's not hierarchical. We are all looking out for each other and work really well together." Staff were supported to keep their knowledge and skills up to date and continue with their professional development.

Rating at the last inspection (and update)

The last rating for the service was Requires Improvement (published on 10 January 2020).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The White House on our website at www.cqc.org.uk.

Why we inspected

We undertook this targeted inspection to follow up on conditions placed on the providers registration. These were imposed following our inspection in May 2019 and related to the self-contained flats attached to the service. At the time of our last inspection in December 2019 the provider had reduced risks to people by not using the flats. However, the flats were in use again and the provider had applied to have the conditions removed.

We inspected and found improvements across the whole service. We therefore widened the scope of the inspection to become a focused inspection which included the key questions of Safe and Well-led.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Is the service well-led?

Good ●

The service was well-led.

The White House

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 Care Act 2014.

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 one inspector.

Service and service type

The White House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, chef, senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We requested and obtained feedback from health and social care professionals who had worked with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

- At our inspection in May 2019 we found risks to people living in the self-contained flats attached to the service had not always been assessed. We placed a condition on the providers registration, requiring a personalised risk assessment be completed before a person could move into the flats. This should be reviewed monthly or when the persons circumstances changed. At this inspection we found improvements had been made and the condition met.
- A specialised risk assessment was completed for people potentially moving into the flats. This identified whether people could live there safely.
- The initial risk assessment was reviewed weekly while the person was settling in, and monthly thereafter. People's representatives and external health professionals were involved if required. This identified whether people's risks had increased, or if they required more support, potentially in a different setting. This was confirmed by a relative whose family member had moved into the main house when their needs increased.
- People's capacity had been assessed, and decisions made in their best interest where required. This included decisions about living in the flats and the locked door policy, which meant people were unable to leave the home without an escort. Applications had been made appropriately to legally deprive people of their liberty. They were reviewed monthly.
- Monitoring and support was available over a 24-hour period according to people's individual needs. People were supported in the main building during the day if necessary.
- All risk assessments reviewed contained clear guidance for staff about how to minimise the risks.
- The electronic care planning system provided easy access for staff to this information.
- Staff we spoke to had detailed knowledge of people's needs and how to support them safely. A relative told us their family member was "safe and cared for and loved."
- Staff were positive about the effectiveness of handovers and other methods of keeping them informed about changes to people's needs.
- Peoples representatives had access to risk assessments and care plans via the 'relatives gateway'. This meant they could see and monitor the care being provided in real time and raise concerns if they had any.
- Records showed people were referred promptly and appropriately for support from external health professionals.

Staffing and recruitment

- At the inspection in May 2019 we found there were not always enough staff to ensure people had access to the care that met their needs and were protected from risks. This meant the two staff on duty at night had to leave the people in the main building unstaffed, to attend to the people living in the flats. We placed a condition on the providers registration requiring people's individual staffing needs be assessed and

reviewed as part of the personalised risk assessment. At this inspection we found improvements had been made and the condition met.

- Staffing levels were calculated using a dependency tool and reviewed regularly to ensure people's individual needs were met.
- Staffing levels were reviewed regularly to ensure there were enough staff on duty to meet people's individual needs. There were now three waking staff on shift during the night. One to one time was allocated if required, for example for one person who experienced increased agitation between 2pm and 8pm.
- Staff were very visible during the inspection, anticipating and responding to people's need for support. They told us they enjoyed spending quality time with people, working at their pace. A relative told us how a new member of staff had 'taken the time' to sing to their family member, telling us, "It's the little things they do that make the difference."
- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had safeguarding training and knew about the different types of abuse.
- Staff told us they felt confident to report any concerns and knew that action would be taken.
- The provider had effective safeguarding systems in place. Records showed that concerns had been escalated appropriately and promptly.
- Staff had received specialist training to enable them to meet people's individual needs. For example, supporting people with behaviour that challenges. This enabled them to anticipate and respond appropriately, minimising risks to the person and others.

Using medicines safely.

- There were safe systems in place for the administration of medicines.
- Staff received the necessary training to administer medicines safely, and their competency was regularly checked.
- There were robust auditing arrangements regarding medicines. Processes were in place for taking decisive action in the event of medicines errors and minimising the risk of recurrence.

Preventing and controlling infection

- We were not assured that the provider was always using PPE effectively and safely. Government guidance was not being followed in relation to staff unable to wear a mask for health reasons. We discussed this with the registered manager, who immediately took the action necessary to ensure people's safety.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong.

- Lessons were learnt when things went wrong. The provider and management team had taken on board feedback from previous inspections, safeguarding processes and independent audits and used this to make improvements.
- There were processes for documenting and reviewing accidents and incidents, and safeguarding concerns. An analysis of this information was completed to identify any patterns and trends.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- When we last inspected in December 2019, we found the provider had made improvements to the service, however they were still in the process of being embedded. At this inspection we found the improvements were fully embedded and promoted the quality and safety of the service being provided.
- The management team were highly visible on the floor, completing formal staff observations and monitoring practice. The registered manager told us, "I'm so visible across the service. I don't have a hideaway office. Residents and staff are used to seeing my face and me being present."
- There was a comprehensive quality assurance programme in place, with clarity around roles and responsibilities. This was supported by mock CQC inspections carried out by an independent consultant. Actions identified informed the service improvement plan, which was reviewed frequently.
- The providers were very involved at the service. They visited weekly and attended monthly quality monitoring meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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 management team knew people and staff well and promoted a transparent and open culture. The registered manager viewed the creation of a positive culture at the service as one of their key achievements. This was echoed by staff.
- The management team were open and honest throughout the inspection. The registered manager said, "I don't think we could get any more transparent. Things will go wrong, and we learn from our errors." They recognised where additional improvements were needed and acted immediately on feedback given.
- Managers had created a committed staff team, made stronger through living at the service to support people during lockdown. They were proud of the team and what they had achieved. At a staff meeting they had told staff, "Everybody is working well together, it's exciting to see the direction we are heading. Keep up the good work!"
- Staff spoke highly of the support and leadership of the management team. Comments included "It's well managed. They listen. They take on what we are saying. It's not hierarchical. We are all looking out for each other and work really well together."

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

- Relatives spoke highly of the way the home kept them involved and informed about the service and welfare of their family member during lockdown.
- The views of people, relatives, staff and visiting professionals were gathered via surveys and informal feedback. A relative stated, "I feel mum is loved and taken very good care of which is invaluable especially when we have been unable to see her. The staff team are amazing."
- Relatives could view their family members records on the computerised planning system if appropriate. This gave them access to care records and the care being provided in real time. Face time calls or video tours of the home could be arranged if they were concerned and unable to visit.
- Regular staff meetings were held for all roles at the service. This was an opportunity for information and updates to be provided, and for staff to express their views. A member of staff commented in the staff survey, "It's nice to know that when I had a few ideas on how to make things better I was listened to, and some of my ideas were put in place."

Continuous learning and improving care

- Staff were supported to keep their knowledge and skills up to date and continue with their professional development. The management team recognised when staff required additional specialist training, for example in working with people with behaviours that challenged.
- There was a theme of the month which was discussed in supervision. This had included the computerised care planning system, infection control and professionalism. Staff champions promoted learning in areas such as activities, tissue viability and medication.
- A development programme supported team leaders to build confidence in decision making and develop their knowledge and skills.
- Research into best practice informed the development of the service. For example, staff didn't wear uniform because they found people were calmer. Environmental improvements were considered because they promoted independence for people living with dementia.

Working in partnership with others

- The service had worked constructively with the local authority quality assurance and improvement team (QAIT). The registered manager told us, "We were firefighting at the time, their insight was so beneficial." QAIT confirmed the service was generally very responsive to change and suggestions and would often seek advice and guidance.
- Feedback from a visiting professional praised the working relationship between the service and community professionals, stating, "I have seen significant improvements in the management, communication and professionalism over the last two years."