Accomodating Care (Driffield) Limited

The White House Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The White House Residential Home is a care home providing accommodation and personal care for up to 20 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 15 people using the service.

People's experience of using this service and what we found
People were placed at risk of harm as the provider had not identified or mitigated some risks. This included risks related to people's medicines, health and care needs, as well as environmental risks.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People's mental capacity to consent had not always been assessed in line with relevant legislation.

The service had governance systems in place, but these were not always effective to ensure the service was providing safe care to people.

People told us they felt safe, and their relatives felt their loved ones were well looked after. Staff understood their responsibilities to report any safeguarding concerns. There were sufficient staff deployed to keep people safe.

Staff we spoke with knew people well and were positive about the management and support in the home.

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

Rating at last inspection
The last rating for this service was good (published 9 December 2019). The last inspection of the service was 12 February 2021; however, the service was not rated at that inspection.

Why we inspected
We received concerns in relation to staffing levels, security of the building, safeguarding, and restrictive practices. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

Enforcement
We have identified breaches in relation to consent, safe care and treatment, and good governance. Please

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The White House Residential 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
This inspection was undertaken by 2 inspectors.

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

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

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced on the first day. We told the registered manager we would be returning for a second day.

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. 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 reviewed 3 people's care records and various medicines administration records. We reviewed the recruitment records for 2 staff, audits and other records related to the running of the service.

We spoke with 4 people about their care, where they were able to speak with us, and made observations of staff interaction and support of people. We spoke with 2 relatives to give feedback on care at the service, and 6 members of staff, including the registered manager and care staff.

Requires Improvement

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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
- Risks to people were not always assessed, monitored and reviewed.
- Where people had specific health conditions, risk assessments and care plans were not always accurate, in place, or contained sufficient detail to inform staff how to manage and mitigate the associated risks. For example, the risk associated with diabetes and catheter care had not always been considered.
- Some risk assessments had not been updated to reflect changes in people's needs, or their current condition. For example, one person had lost weight, their nutritional risk assessment had not been updated. This meant staff did not always have the most up to date information to ensure people received the most appropriate care.
- We could not be fully assured that risk in relation to unplanned weight loss was robustly addressed and managed as health professional advice to manage a person's weight loss had not been sought, or followed up.
- Areas of the environment needed addressing in order to be made safe. For example, information to support some people in an emergency was not in place, and not all fire doors were closing as they should. These concerns had not been identified as a key risk. The registered manager ensured these were made safe following the inspection.

Failure to appropriately assess and manage risks to people's health and safety was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the concerns relating to fire were raised with the local fire safety team, which the registered manager was keen to engage with.

Using medicines safely
- Medicines were not always managed safely.
- We were not assured that people were receiving time sensitive medicines in line with prescribers instructions. One person was prescribed two medicines that were required to be taken 30 to 60 minutes before food, and with food. It was unclear from the medicine administration record if the person was receiving these medicines in line with the prescriber's instructions as they were both recorded to be given at the same time in a morning.
- Protocols for 'as and when required' medicines were not always in place to guide staff when to administer these medicines.
- Potential risks for some medications had not been identified or recorded and supporting documentation

to show medicines were administered correctly were not in place. For example, body maps to inform staff where to apply topical medicines such as pain relief patches and creams.

Failure to safely manage medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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)

● People's rights were not fully protected because the correct procedures were not always followed where people lacked the capacity to make specific decisions.
● Decisions based on risks that had resulted in restrictions to the person, such as the use of floor sensors and bed rails, had not always prompted capacity assessments where this was appropriate due to people's diagnosed impairment.

Failure to appropriately assess people's capacity to consent to decisions about their care in line with the Mental Capacity Act was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● DoLS applications were completed and submitted to the local authority if required.

Preventing and controlling infection
● Some areas of the home required improvement to the effectiveness of the cleaning, and refurbishment to support effective infection prevention and control.
● Multiple carpets had stains or ingrained dirt and a one toilet had a lingering odour.

Visiting in care homes
● The provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● Staff demonstrated an understanding of what to do to make sure people were protected from harm.
● Staff were confident the registered manager would take action to keep people safe if they raised any concerns.
● Where accidents and incidents had occurred, preventative actions were put in place to reduce the risk of recurrence. Whilst there was analysis of incidents and accidents, this was not robust to look for any safety related themes.

Staffing and recruitment
● There were enough staff to meet people's needs.
● The provider undertook pre-employment checks as part of their recruitment procedures. This included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and

helps prevent unsuitable people from working with people who use care and support services.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance and oversight of the service required improvement. Audits did not always highlight issues which had been identified during this inspection, such as fire risks, risk relating to specific health conditions, medicines issues and mental capacity assessments.
- Some risks which people faced were not being adequately assessed, documented and monitored by the management team to ensure information was up to date and effective in directing staff to keep people safe.
- There was no documentation in relation to staff meetings, residents or relative's meetings, and records in relation to the management and support of staff was not always accessible. Staff told us they felt supported and had supervisions however, there were no records to confirm what was discussed and any actions from these required.
- Peoples records were not kept secure at all times.

Failure to ensure systems and processes were established and operated effectively to monitor and improve the quality of the service and maintain accurate and complete records is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We could not be assured people always receive personalised care in line with their preferences.
- People were not always given choice. For example, hot drinks were made by kitchen staff and care staff handed these out with biscuits, without confirming people's choice or preference.

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 registered manager was aware of their responsibilities regarding duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff felt involved, and people's relatives felt informed. One relative told us, "I have extremely good communication with the service about my [relative]." Another said, "I have always been extremely happy with my [relative]'s care. I am involved."
- The service worked in partnership with health and social care professionals to improve the quality of care

people experienced.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not assessing people's capacity to consent to care and treatment decisions in line with the Mental Capacity Act.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure medicines were managed safely, or that risks to people's health and safety within the home were appropriately assessed and managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured the systems in place to monitor the quality and safety of the service were fully effective.