

Meridian Healthcare Limited

White Rose House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 26 and 29 June 2018 and was unannounced, which meant the registered provider was not aware the inspection would take place in advance.

White Rose 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.

White Rose House provides nursing and personal care for up to 64 older people. The home has two floors, with the ground floor providing residential care and the first floor providing residential care for people living with dementia.

At the time of our inspection the home did not have a registered manager and instead a 'turnaround manager' was in day-to-day charge of the home and they had been in post from March 2018.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' 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.

At our last inspection in May 2017, we found two breaches of the regulations relating to consent to care and good governance. We found the registered provider had not consistently applied the correct mental capacity assessment or obtained consent from the relevant individual where a person lacked capacity. Contemporaneous care notes were not kept for people nutritionally at risk or in receipt of pressure care and there was a lack of quality oversight due to minimal use of audit tools. The registered provider had not ensured all staff received an induction, ongoing support or the necessary training to be a skilled workforce.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions of effective and well-led to at least good. At this inspection we still had concerns regarding assessments of people's capacity which were not decision specific and people were assessed as having capacity when this should be assumed as stated in the Mental Capacity Act (2005). We found the oversight of the home had not been effective as there were still concerns regarding the use of topical creams. We found people had developed pressure areas and there were gaps in people's repositioning records. The turnaround manager told us these pressure areas were either improving or were fully healed at the time of our inspection.

Communication in the home had not been effective and we found one person had been inappropriately assisted to move as a result of this.

People told us they were supported by staff to access healthcare services. However, we saw examples

through records of complaints where access to healthcare had not been promptly supported.

Staff received training in a number of areas and ongoing support was provided through individual and group supervision. We found staff appraisals were not taking place, although a plan to address this was in place.

Staff were able to describe how they would identify abuse and report this. We looked at safeguarding records and found this information had been appropriately acted on.

People told us they were satisfied with the quality of food provided, although they wanted more choice in their afternoon meals. We observed the dining experience and found this was positive.

The activities provision within the home was a strength of the service with both regular and one-off events being held. Weekly trips were taking place, but we found these were limited to a small number of people who were more independent and required minimum support.

People were complimentary about the staff who provided their care. We found staff respected people's dignity and privacy.

Care plans were person-centred with details about people, their life history and care preferences, although some gaps were found in the recording of people's care needs. We found limited evidence of people's involvement in care planning.

Complaints were fully investigated and written responses had been sent out within identified timescales. We saw examples of lessons learned from complaints and evidence of this learning shared with staff.

The turnaround manager held regular 'surgeries' for people and relatives to approach them with any comments or queries. Regular meetings for people and their relatives, as well as staff meetings, were held in the home. Satisfaction surveys were sent out annually to people, their relatives and staff.

The majority of staff spoke positively about the turnaround manager and the influence they had at White Rose House.

We found two breaches of the regulations. You can see what action we took at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Systems for the use of topical medicines were not operated consistently and effectively. Risks to people's skin integrity had not been well managed.

The recruitment process was not consistently safe. People told us there were sufficient numbers of staff to meet their needs.

Staff knew how to safeguard people from abuse. Examples of lessons learned to improve future practice were identified.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The principles of the Mental Capacity Act (2005) were not being upheld. People had their liberty lawfully restricted.

Staff were supported through ongoing training and supervision, although appraisals were not taking place.

People had a positive dining experience. We saw access to healthcare services was not always prompt.

Requires Improvement ●

Is the service caring?

The service was not always caring.

There was limited evidence of the involvement of people and their representatives in care planning.

People's equality, diversity and human rights were not always upheld.

People were complimentary about the staff who provided their care. People's privacy and dignity was upheld by staff.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Care plans were person-centred, although some gaps were found in the recording of people's care needs.

The activities provision within the home was innovative and included the use of technology and other initiatives.

Complaints were recorded and responded to following a robust investigation.

Is the service well-led?

The service was not always well-led.

Sufficient improvements had not been made in respect of breaches of the regulation found at the last inspection. Communication in the home was not always effective.

A system of audits and registered provider level reports demonstrated management information was available.

Staff commented positively on the turnaround manager. Meetings for people and staff were taking place and satisfaction surveys were openly responded to by the registered provider.

Requires Improvement ●

White Rose House

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.

On day one of our inspection the team consisted of an adult social care 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 continued on day two with two adult social care inspectors and an assistant inspector. Both days of inspection were unannounced. On day one of our inspection there were 51 people living in the home and on day two this number was 53.

We spoke with a total of eight people who lived in the home as well as two relatives who were visiting at the time of our inspection. We also spoke with the turnaround manager, regional director, area director and area quality director as well as a further eight members of staff. We spoke with five visiting health professionals. We observed care interactions in communal areas of the home. We spent some time looking at the documents and records that related to people's care and the management of the service. We looked at seven people's care plans and five people's medication records.

Before the inspection, the registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At our last inspection in May 2017, this key question was rated as 'requires improvement'. We found people's medicines were mostly well managed, although the administration and recording of the use of topical creams needed improvement. At our inspection of 26 and 29 June 2018 we saw this was still a concern and we found people were not adequately protected from the risk of developing pressure areas.

We spoke with one person who told us, "I could really do with help before bedtime putting cream on, but I don't think they have the staff." We asked this person if they had asked for help and they said, "I did try, but a very nice man said, "Oh no, you can manage that yourself." One staff member said, "Cream charts aren't always getting done." One health professional said, "Topical creams are poorly managed."

We looked at the management of topical creams for five people and found there were two different systems running in the home regarding the application of these prescribed items. The systems on both floors were different with first floor care assistants applying creams and recording this. However, on the ground floor, care staff were supposed to inform senior carers when they had applied creams. Senior carers were then supposed to record that creams had been applied. We found the system on the ground floor was not working in practice and the recording of topical creams was poor. We found creams weren't signed as administered and there were no dates of opening recorded. Some people who had been prescribed creams did not have charts in place to record their use.

We looked at the body map for one person dated 01/06/2018 which stated they were experiencing soreness in one area of their body. The skin integrity care plan for this person dated 10/06/2018 stated no topical medicines were prescribed. On 29/06/2018, this person showed a member of the inspection team they still had soreness in this area. This meant the registered provider was unable to demonstrate action had been taken to ensure this person had cream prescribed for their soreness.

We looked at the storage of medicines and found this was managed appropriately. However, we look at one person's Oromorph and found the stock did not match the quantity recorded in the controlled drugs register. The registered provider was able to demonstrate this was due to a discrepancy in the recording of how much stock had been returned to the pharmacy. We found this medicine was not missing, although in their daily checks since the medicine had been returned, staff had continued to incorrectly record the stock held. The opened bottle was from 16/05/2017. Oramorph 10mg/5ml liquid has a reduced expiry once opened and should be discarded three months after opening.

At the time of our inspection, we found all staff, with one exception had an up-to-date medication competency check in place.

We concluded this was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not adequately supported in the proper and safe management of their medicines.

Although care plans contained risk assessments for aspects of care such as falls, continence and choking, we found people whose skin integrity was at risk did not have this support need effectively managed.

At the time of our inspection, a company who provide NHS community services, including district nursing support were working closely with the registered provider, attending regular meetings at the home. This additional support was offered due to concerns about how people's needs were being met.

During our inspection, we were made aware of four people whose skin integrity had deteriorated prior to the inspection. We looked at care plans and repositioning charts for these four people and found examples where there was no record of how often the person should be repositioned and their charts showed extended periods where they were not recorded as having been repositioned. This put them at risk of pressure damage.

We were made aware of a "rapid" deterioration in one person's sacrum which prompted a health professional during one weekend to request this person have a pressure relieving mattress put in place. Despite this item being readily available, it took 48 hours before this was put in place as the turnaround manager needed to approve the change. The same person was assessed as needing to be repositioned every two hours. We looked at the repositioning charts for the week of our inspection and saw this was not always happening. On 25 June 2018, we saw a gap of over 14 hours between repositioning for this person.

We discussed this with the turnaround manager who told us these people's pressure areas had since improved and had either healed or were nearly healed at the time of our inspection. A visiting professional told us, "As for the pressure ulcers, they seem to be getting on top of them." The management team agreed one new case had been found at the time of our inspection. We had concerns about how pressure issues for these four people had developed and the records we looked at regarding the use of topical creams and repositioning records did not evidence people received safe and effective care to prevent the breakdown of their skin.

One person's moving and handling support needs had changed following a hospital stay shortly before our inspection. Upon returning to White Rose House, we found this change had not been communicated at a handover meeting and a staff member had inappropriately tried to assist this person to mobilise which caused them pain. On the second day of our inspection we found this person's moving and handling care plan had still not been updated.

On the first day of our inspection we found the staff member responsible for the night shift was unaware of the number of people living in the building. The deputy manager told us this was 57 and the turnaround manager confirmed this was actually 51. On day two, the staff member in charge of the night shift told us there were 49 people in the building. Following the inspection, the turnaround manager subsequently advised us this was 53. It is important to know how many people are living in the home for fire safety purposes.

We concluded this was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risks to people had not been sufficiently managed through robust communication and documentation.

Personal emergency evacuation plans were in place, although the last review dates showed some were last reviewed in May 2017. We discussed this with the turnaround manager on day one of our inspection, who told us these contained current information. On day two of our inspection we saw a review date had been added.

Four fire drills had been carried out between March and April 2018. On the second day of our inspection, the fire alarm sounded which was unplanned. We found people and staff were initially moved towards the area of the home identified on the fire panel as a possible source of fire. However, people were then moved to one of the lounges at the other side of the home and the fire service was called out.

People told us they felt safe living at White Rose House. One person told us, "Yes, as there are people around. I didn't like being alone." Another person said, "I feel fairly safe, yes. I can't think of anything bad." A third person said, "If you need help they're there, family know you're safe." One relative commented, "I feel [family member's] safe as they have a proper bed with sides. They can't climb out."

Staff we spoke with were able to describe abuse and knew how to report this. We looked at records of safeguarding incidents and saw the turnaround manager had investigated specific concerns and documented this.

Most people told us they felt staff were quick to respond when they needed assistance. People's comments included "As soon as I press the button they come", "(It takes) about 10 minutes, it depends what staff are doing", "It doesn't take long, about two to three minutes" and "They respond quickly to the buzzer." A visiting professional told us they visited the home and needed staff to assist them with moving and handling. They said, "It's difficult to get hold of them (staff)."

We looked at the staff rotas which covered 1 to 26 June 2018 and saw day and night shifts were usually fully staffed, although on five occasions, the number of staff on the day shift was short of the number needed based on the registered provider's dependency tool. Staff absences were usually covered by agency staff. We saw they had received an induction into the home. One staff member said, "We've got a few that have been here for a while." This helped to provide consistency of care.

The area director told us there were vacancies for two night staff and at the time of inspection, the home did not have bank staff. Due to the remote location of the home, the registered provider had found recruitment a challenge. However, they had actively taken steps to address this, for example, attending job faires.

We looked at the recruitment processes followed and found these were not always safe. We looked at a staff member's recruitment records and saw a gap in their employment history had not been addressed and the same staff member did not have a last employer reference. A work reference had been taken, although this related to employment in 2013 which meant the information about the staff member was not current. Each staff file contained a current DBS and two staff files showed references had been taken. The area director told us the DBS for each staff member was refreshed every three years. This helped to ensure staff were still suitable to work with vulnerable adults.

People told us staff managed infection control well. One person said, "Staff wash their hands, I've seen them doing this." On day two of our inspection, a senior care worker had been asked to undertake domestic duties. We saw they had to change role part way through the day when the senior care worker on duty became unavailable. Individual rooms were seen to be clean, although we looked in the shower room, disabled toilet and bathroom on the ground floor in the morning and afternoon and found the toilet lids were stained with faeces at both times of the day. We checked the bathroom a third time after 6:00pm and saw the toilet lid had not been cleaned. The number of hours worked by domestic staff was set to increase in the weeks following our inspection.

We looked at staff meeting minutes dated May 2018 which referred to a specific complaint and the details which led to the complaint being made. The findings from the registered provider's investigation were used

to help management and the staff team understand what needed to improve to prevent future occurrence. A staff member we spoke with told us they attended this meeting and confirmed what was discussed.

We looked at certificates which related to the supply of gas and electricity and found these were current. All other certificates relating to the maintenance of the building and equipment used by staff showed the home and equipment within were suitably maintained.

Is the service effective?

Our findings

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.

At our last inspection in May 2017, we rated this key question as requires improvement. We found three care plans for people who had authorised Deprivation of Liberty Safeguards did not have mental capacity assessments and decision specific assessments of people's capacity had not been completed. In June 2017, the registered provider sent us an action plan which stated all documentation regarding people's mental capacity would be reviewed and senior carers would receive training in how to complete mental capacity assessments.

At this inspection we found the principles of the Mental Capacity Act (2005) were still not being followed. We looked at one person's MCA assessment May 2018 and saw they were found to have capacity. Another person who a senior care worker told us did not have capacity did not have a MCA assessment. A third person's care records showed an application for DoLS had been made, although a senior care worker told us this person had capacity. A fourth person's DoLS stated they lacked capacity to consent to the administration of medicines. We found there were no mental capacity assessments for the administration of medicines where people did not have capacity to consent this. One staff member who was expected to complete mental capacity assessments told us they had not received any training for this.

Medicines can be given covertly (without a person's knowledge) when it is in their best interests and a decision has been made with relevant individuals to agree how this should be done e.g. adding them to food. We looked at the covert administration of medicines for one person and found a GP had been involved, although there was no evidence of a best interests meeting and involvement from a pharmacy to agree this protocol, including which medicines should be given covertly and how this should be done. The turnaround manager told us they would contact this person's family and the area director said they would contact the pharmacy. Following our inspection, the registered provider sent us updated documentation regarding the use of covert medicines for this person.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found applications to lawfully deprive people of their liberty had been made, and where these had been approved, they were all current and valid.

During our inspection we saw staff offering people choice in their daily routines. One person told us, "You can get up and go to bed whenever you want." We overheard a staff member asking a person if they wanted

sugar on their cornflakes. This meant people were routinely given choice. We asked a staff member about people refusing care. They told us they would report repeated refusals to the person's GP.

We looked at the ongoing support staff received through, for example, training and supervision. One person told us, "Staff are competent. They are nice, I'm sure they do know what you need."

One staff member told us they were happy with their induction which included a chance to look at policies and procedures and to shadow experienced staff. Another staff member said, "Since [turnaround manager's] been here, we've had loads more training." The same staff member confirmed they had recently attended a catheter care training course. Training records we looked at showed an overall completion rate of 84%.

We asked one staff member about their supervision sessions and what they covered and they said, "What we expect from them (registered provider)." We saw examples of a mix of one to one and group supervision. However, the turnaround manager told us staff did not have an up-to-date appraisal. An appraisal is an assessment of performance, usually held annually which also looks at staff development needs. The turnaround manager said they would bring these up-to-date over the coming months and all staff would have an appraisal before the end of 2018.

People's comments regarding food and drink provided included, "The meals are very nice, portions are adequate, they'd give you more if you asked, it is tasty" and "It could be better but you don't expect too much in a place like this. There's always enough to eat and drink, and cups of tea and snacks." One person told us hot and cold breakfast options were available.

At the 'resident' and relatives' meeting in May 2018, the quality of food was discussed and all agreed they enjoyed the desserts, but sometimes the tea time choice was 'a bit dull'. Some of the people we spoke with during the inspection told us they felt the tea time option of sandwiches every day was repetitive.

Hydration stations had been set up on both floors in the home to ensure people had sufficient amounts of fluid to drink. On both days of our inspection, the weather was particularly warm. We saw people who were sat outside had drinks with them. We also saw snack stations in communal areas which meant people could access fruit, chocolate and biscuits if they wished. However, one person said, "They put bowls of fruit out. It started out every day, but sometimes they are missing." The tea trolley went around the home on a twice daily basis with snacks and drinks.

Although no one living at White Rose House at the time of our inspection had specific dietary needs linked to their cultural beliefs, we were told this could be supported through a range of options available from the food supplier.

We observed the mealtime experience on the first floor and found people dined in a pleasant environment with tablecloths, condiments, juice, hot drinks and alcohol available. Two people asked staff for a smaller portion and we saw they received this. We saw people were able to enjoy an alcoholic drink with their meal which one person told us they were pleased with. Staff offered assistance with meals and ensured people were safe and their needs were met. One staff member advised a person, "The plate's extremely hot, be careful."

A visiting health professional told us they were satisfied with the actions taken to support people who had been at risk due to weight loss. They said, "I feel like they (staff) implement the plans."

People we spoke with told us they were supported to access healthcare services. People's comments included "Staff have made me an appointment to see my GP. The chiropodist does my toenails, they were done after a fortnight", "I think it is quite recently I have had help, they were here last week testing [ears]. One relative said, "They've arranged for [person] to see the doctor." During our inspection we met several health professionals who regularly visited the home.

We looked at records of complaints which showed one person had to wait for 11 weeks to see a chiropodist. Another complaint dated May 2018 referred to staff failing to arrange a temporary GP for the duration of their respite stay. This meant whilst people we spoke with were mostly satisfied with their access to healthcare, we were aware this was not always well managed.

White Rose House is a purpose-built home with wide, open corridors and pleasant lounges and dining rooms. During our inspection we saw a number of features on the first floor designed to help people reminisce. For example, old telephones and typewriters. We saw adequate signage around the home, although the font used would not be regarded as dementia friendly.

People were able to access the home's own Wi-Fi signal, baths had digital temperature readings which helped staff ensure people weren't at risk of scalding. Sensor mats were used to alert staff when people at risk of falls were mobile. At lunchtime, we saw people who needed a guard to help avoid spillages had these attached to their plate. This meant technology was used to help meet people's needs.

Is the service caring?

Our findings

At our last inspection in May 2017, we rated this key question as 'Good'.

People we spoke with were complimentary about the assistance they received from staff. People's comments included, "Yes, they are very helpful and know what they're doing", "They're very nice, [staff member] is so nice. We were very late this morning [for breakfast], she said 'oh we've saved you some'", "I'm happy with the care. I talk to the staff about it, any staff young to older" and "Staff are very nice, they try their damndest and do pretty well." One health professional told us, "It's a care home I like coming to."

On both days of our inspection, people were sat outside enjoying the warm weather. We saw people were seated under parasols to protect them from the sun. A visiting relative pointed out to a staff member that the sun had moved and one person was no longer in the shade. This person was moved immediately. We saw people had been supported with their personal appearance and people looked well presented.

People told us they had not seen their care plans, although one person noted their relative had recently looked at it. One person said, "I'm sure there is one, but don't think I've seen it." Five other people told us they had not seen their care plan. As part of feedback from the August 2017 satisfaction survey included, the registered provider summarised 'Relatives views were not respected or upheld'. In August 2017 the registered provider commented in its survey feedback that people and relatives would be involved on a monthly basis in their care planning. We saw the falls audit dated June 2018 stated relatives' views were to be recorded in care plans and this would be done by July 2018. At this inspection we saw limited evidence of the involvement of people and their representatives in care planning.

People we spoke with were very satisfied with the assistance from staff which respected their privacy and dignity. One person said, "When I have a shower they treat me with respect, they give me a towel. I can dress and undress myself." Another person commented, "Dignity during bathing is excellent. [Staff member] and [another staff member] are my preference as they are tip top. They do the whole lot for you, they bring a spirit with them which enables you to have a bath and not be bothered." We saw staff routinely knocking on people's room doors before entering. These examples demonstrated privacy and dignity was respected.

We saw an equality and diversity statement on display in the home. In April 2018, an Easter Church service was held in the home and services were held in the home each month which meant people were supported to maintain their religious beliefs. The turnaround manager told us they were able to meet people's dietary needs based on their cultural requirements as they had recipes and ingredients available to them.

We looked at access to the different trips provided to various locations as part of the activities programme. Staff told us the same small group of people routinely went out on these trips. We were told these people were more independent and there weren't sufficient numbers of staff to ensure sufficient cover in the home if people with high dependency needs wanted to access these trips. This meant people who required additional staff support due to their physical health needs were unable to access these trips and their rights as referred to in the Equality Act (2010) were not being upheld. The wellbeing coordinator told us a driver

was now available which they expected would mean more people would be able to access these trips.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving healthcare services. The registered provider was able to support people's communication needs through the use of talking books and information about the home was available in different formats for people whose first language was not English. This meant the standard was met by the registered provider.

Is the service responsive?

Our findings

At our last inspection in May 2017, we rated this key question as 'requires improvement' due to concerns about the activities programme. The management team also needed to make sure all the care plans contained the most up to date information.

At this inspection, we looked at seven people's care plans which covered a range of personal care elements such as nutrition and hydration, activities, dietary preferences. Before people moved in to White Rose House, a pre-admission form was completed which helped to ensure staff would be able to meet the person's needs.

We found care plans were written in a style which was person-centred. However, there were gaps in the level of detail needed to provide staff with sufficient information. For example, one person's pressure care plan stated, '[Name] has a pressure cushion and is on a repositioning chart'. There was no reference to how often this person needed to be repositioned. One person had two mobility care plans which meant it wasn't clear which one staff were expected to follow. We looked at the end of life care plan for one person and found this was blank.

The registered provider had identified concerns regarding care plans before our inspection in their home improvement plan, although they had closed this as a completed action. On day two of our inspection, the deputy manager from one of the registered provider's other care homes was on site. They told us they had been asked to help review care plans.

We spoke with the wellbeing coordinator and looked at the arrangements in place to ensure people were not at risk from social isolation. One person told us, "He is really good, he does a heck of a lot. He is a good man." We found the activities provision within the home was well thought out and a strength of the service. We saw a number of regular events such as gardening, bowling, an art club, a choice of films and a fitness team visiting took place. The wellbeing coordinator also took opportunities such as the recent royal wedding and the world cup to hold special events to celebrate these occasions.

The wellbeing coordinator told us they used a mobile speaker to make people's hairdressing experience personalised by asking them about their favourite songs and loading them to play. People were able to sing along, and do quizzes and have some cake which all helped to enhance this experience. On the first day of our inspection we saw a small group of people gathered near a piano which was being played by an entertainer who visited the home on a monthly basis.

People had been supported to grow tomatoes which had been put on sale to reinvest these funds into activities. A trolley with sweets which people could buy was taken around the home and a newsletter had started in May 2018.

Weekly trips to places such as the York railway museum and Denby Dale library as well as the memory café at a sister home run by the same registered provider.

People told us they were aware of how to make a complaint if they were dissatisfied. One person said, "I would tell the manager if I had any concerns. I like to listen and observe, I have gone straight to the manager [before]."

The registered provider had an electronic display with touch screen technology in a communal area of the home which people, relatives and other visitors were able to use to provide feedback about White Rose House.

We looked at records of complaints and saw these had been responded to appropriately with evidence of each of the points raised as concerns having been investigated and responded to. The outcome of people's complaints was communicated to them in writing within timescales set out in the registered provider's complaints policy.

Is the service well-led?

Our findings

At our last inspection in May 2017, we rated this key question as requires improvement as there was a lack of quality oversight due to minimal use of audit tools and the registered provider had not ensured all staff received an induction, ongoing support or the necessary training to be a skilled workforce.

At the time of this inspection, a 'turnaround manager' was responsible for the day-to-day running of the home. They had been in post since March 2018 and had submitted an application to become registered as manager for this home with the Care Quality Commission (CQC). The turnaround manager was aware of the type of events which are legally reportable to the CQC.

We looked at the leadership and oversight of the home. One person told us, "For the size of the building it can't be perfect but it is managed reasonably well, a lot of people are satisfied including me." Another person said, "I think management have done an excellent job."

In August 2017 the feedback to the satisfaction survey was summarised by the registered provider who stated, 'Communication could be improved within the home'. The registered provider responded by commenting, 'home manager and senior team to continue to ensure a high standard of communication is maintained. At this inspection, we found communication required improvement as key messages were not always passed on. 'Flash meetings' which involve department heads were taking place every day. In May 2018 the staff meeting minutes noted staff said they weren't receiving feedback from department heads following flash meetings.

At our last inspection in May 2017, we found breaches of the regulations regarding consent to care and good governance. At this inspection, we found there were still concerns regarding the assessment of people's capacity and the oversight of this. We also found care plans needed to be reviewed and topical creams were still not well managed. In June 2017, the registered provider submitted an action plan to the Care Quality Commission which explained how they would meet these regulations. At this inspection, we found these concerns had not been sufficiently addressed.

At this inspection, we found communication in the home had not been effective and records which would demonstrate how people's pressure care needs were met were not robust. We also found staff appraisals had not been taking place. Three notifications which should have been submitted to the CQC in respect of serious injuries had not been made.

We saw the medication audit was an appropriate tool, although we found this had not been used effectively to identify the concerns we found regarding the use of topical creams and safe disposal of medicines.

All of the above indicated that systems and processes were not operating to ensure compliance with the regulations following the previous identified breaches at the last inspection.

We concluded this was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014 as systems and processes used to assess, monitor and improve the quality and safety of the service were not effective.

The area director told us a new team leader was being appointed to work alongside the deputy manager which meant either the deputy manager or senior would be available seven days a week. Following our inspection, the regional director informed us further steps had been taken to strengthen the management team.

The majority of staff spoke positively about the support they received from the turnaround manager. Their comments included, "[Turnaround manager] is good. She gets things done. She got rid of a lot of the staff who weren't nice with the residents", "I am really pleased we have [turnaround manager]. She is the only manager that has made things happen. She offered us structure in the home. Staff members didn't like to be told" and "[Turnaround manager] needs to stay. She's cracking. We all know what we are doing." One staff member said, "I don't find her person-centred. I think she could be more involved."

We found the chair person for the 'resident' and relatives' meetings was a person living in the home. In May 2018, we saw the change of home manager, use of CCTV, activities and a new staff member responsible for maintenance were discussed. People had asked for more baking and staff we spoke with confirmed this had happened, including the wellbeing coordinator who confirmed they had made lemon drizzle cake. We saw examples of other resident and relatives' meetings which had taken place in January, February and March 2018.

Since April 2018, the turnaround manager had held a 'surgery' to give people and their representatives an opportunity to express any concerns. A satisfaction survey had gone out to people and their representatives shortly before our inspection, which meant the findings from these were not available for us to see. However, the last satisfaction survey showed people's 'overall impression of the home' was rated with 57% saying it was excellent and 29% good. This meant people had different opportunities to influence how the home was run.

The last staff survey in August 2017 was responded to by 10 staff. Staff were satisfied with their learning and development support and they felt the registered manager was approachable, although two staff members disagreed they were proud of the care provided and three staff members disagreed the home was clean and free from odours. Eight staff members said they would recommend working for the registered provider. A letter dated February 2018 provided feedback to staff. The area director told us, "Complaints are right down. Staff are happier."

We saw examples of meetings for all staff, senior carers meetings as well as falls team meetings which analysed times, locations and seriousness of harm with a view to reducing falls risk. Staff meetings were used to address current issues such as completing care plans and supplementary charts which was discussed in May 2018. It was stated that a chart champion was needed to monitor these records and ensure they were completed.

We saw evidence of the turnaround manager completing 'out of hours and weekend visit reports' as recently as May and June 2018. These had been carried out in the evening and in the hours before the day shift started and were used to ensure people received appropriate care at all times.

We looked at the management information generated through audits which looked at, for example, falls, accidents and incidents, infection control and dignity in dining. Provider reports which assessed the service against key performance indicators contained useful oversight of aspects of care such as tracking people's

weights, falls, pressure care and the use of bed rails.

The turnaround manager told us the home had links in the community through schools who visited the home regularly, a local Church and 'sister' homes operated by the same registered provider.

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 17 HSCA RA Regulations 2014 Good governance Systems were not supporting continuous improvement in the home to remedy breaches of regulation found at the last inspection.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not adequately supported in the proper and safe management of their medicines. Risks to people had not been sufficiently managed through robust communication and documentation.

The enforcement action we took:

Warning notice served.