

The White House (Curdridge) Limited

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## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

The White House provides accommodation and personal care for up to 46 younger and older people who are living with dementia and other mental health illnesses. There were 45 people living at the home at the time of this inspection. The home is comprised of the main house and three purpose built interconnecting units, each with its own unit manager and staff team.

The service is overseen by the owner/provider and the registered manager. 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 and associated Regulations about how the service is run.

People felt safe living at The White House and they were very much at the heart of the service. We received consistent outstanding feedback from people's families and health professionals. Health professionals felt the service went the extra mile and were extremely experienced at looking after people living with dementia. People received excellent care that was based around their individual needs and that ensured care was personalised and responsive.

Staff working at The White House understood the needs of people using the service and supported people in an exceptionally personalised way. Staff knew people well and we saw that care was provided respectfully and sensitively, taking into account people's different needs.

The home was designed to create a suitable environment for people living with dementia. People's wellbeing and independence had been enhanced by the environment. We received outstanding feedback about the gardens and building around which people were able to move freely and without any restrictions. This ensured people had a meaningful life and created a relaxing and calm atmosphere around the home.

The home had introduced its own pub called 'Kev's Corner'. People were very happy with the pub which was used to provide many activities and opportunities for social interaction.

The home was responsive to people's needs and wishes. People were able to choose what activities they took part in and suggest other activities they would like to complete. The registered manager developed and promoted community involvement within the home. Regular trips in the community were arranged twice a week, where people could choose where to visit.

Relevant recruitment checks were conducted before staff started working at The White House to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies and fire safety checks were carried out.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu choice of the day.

People were cared for by a motivated and well trained staff team, who always put people first. Staff had the specialist knowledge and skills required to meet people's needs living with dementia.

The home had thought of creative and productive ways to deliver exceptional dementia care. The registered manager had organised a mobile virtual dementia tour at the home which impacted on how staff communicated with people living with dementia.

The home had received an award for being a pet friendly home and people and their families gained great comfort from interacting with the animals at the home.

Special days were held on each unit which provided people the opportunity to choose something they would really like to do for the day. Some people chose to visit somewhere while others liked to be treated in the home.

Staff received regular support and received regular one to one sessions of supervision to discuss areas of development. Staff informed us they completed a wide range of training and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

People felt they were treated with kindness and said their privacy and dignity was respected. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices. Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The registered manager maintained a high level of communication with people through a range of newsletters and meetings. 'Residents meetings' and surveys allowed people and their families to provide feedback, which was used to improve the service. People felt listened to and a complaints procedure was in place.

Regular audits of the service were carried out to assess and monitor the quality of the service. The home had recently been accredited with 'investors in people' and the registered manager wanted to improve communication amongst the staff. Staff felt supported by the registered manager. There were appropriate management arrangements in place.

## 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 remains Good.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Risks to people's welfare were identified and plans put in place to minimise the risks.

Staffing levels were sufficient to meet people's needs. Staff were trained and assessed as competent to support people with medicines.

### Is the service effective?

Outstanding 

The service was outstanding.

Staff had the specialist knowledge and skills required to meet people's needs living with dementia. Specialist dementia care training was provided so staff could interact with people and fully understand and respond to their needs.

The service worked very effectively with other health professionals to ensure people's health and well-being were maintained.

The home was awarded five stars for being a pet friendly home and people and their families felt the animals and gardens were exceptional and created a calming environment to live in.

The design and layout of the premises promoted the independence, safety and wellbeing of people living with dementia.

People were given a choice of nutritious food and drink and received appropriate support to meet their nutritional needs.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

### Is the service caring?

Outstanding 

The service remains Outstanding.

People and relatives consistently told us staff supported them with kindness and compassion and got to know people exceptionally well.

People were treated with dignity and respect. People's privacy was respected at all times. People and their families were involved in planning the care and support they received.

People had positive care experiences and staff ensured people's care preferences were met. People were encouraged to remain as independent as possible.

Special days were held on each unit where people could chose an outing, activity or special meal just for them.

The atmosphere throughout the home was friendly, calm and caring. The staff spoke about people in a respectful manner and demonstrated a depth of knowledge and understanding of their individual needs.

### **Is the service responsive?**

The service was outstanding in the way they responded to people living with dementia.

The home recognised and responded to people's changing needs, including needs for social interaction and stimulation.

The home had introduced its own pub called 'Kev's Corner'. People were very happy with the pub. Its appearance was outstanding. The pub was used for various activities and social interaction.

People received excellent care that was based around their individual needs that ensured care was personalised and responsive.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were reviewed regularly by their key workers.

People had access to a range of activities which they could choose to attend. People's views about the home were listened to. A complaints procedure was in place.

**Outstanding** 

### **Is the service well-led?**

**Good** 

The service remains Good.

People and their families spoke highly of the registered manager and felt the home was well run and management were approachable and supportive.

There was an open and transparent culture within the home. Staff felt supported through regular meetings and feedback.

There were systems in place to monitor the quality and safety of the service provided. There was a whistle blowing policy in place and staff knew how to report concerns.

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## **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 checked 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.

This comprehensive inspection took place on 22 and 24 May 2017. The first day of the inspection was unannounced. The first day of the inspection was carried out by two adult social care inspectors, and a specialist advisor in the care of people with mental health needs and living with dementia. The second day of the inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We spoke with eight people who used the service and six relatives, a volunteer, and a visiting General Practitioner (GP). We also spoke with the owner of the home, compliance manager, admission manager, registered manager, two unit managers, trainer, kitchen manager and six care workers. We looked at a range of records which included the care records for seven people, medicines records and recruitment records for six care workers. We looked at a range of records in relation to the management of the service.

Following the inspection we also received feedback from seven external healthcare professionals.

We last inspected the home in October 2014 where no concerns were found. And the home was rating as outstanding in one domain.

## Is the service safe?

### Our findings

People and their families told us they felt safe. People said they felt comfortable around the staff and they told us staff supported them. One person told us, "I feel safe with the staff". Another person said, "I've lived here a while. Yes, feel safe here". A family member told us, "Overly happy with the home. Accommodating her needs, moved her downstairs due to her mobility so yes I feel she is safe".

Recruitment processes were followed that ensured staff were checked for suitability before being employed by the home. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home. The application form requested a full employment history; however, some staff had only put the year they were employed from and left their employment instead of actual dates. Therefore it was not possible to identify whether there were any gaps between jobs and ensure these were followed up in interview. We spoke to the registered manager who informed us they were aware that gaps should be explored and they normally recorded any gaps in employment for staff. On the second day of our inspection the registered manager showed us a risk assessment format they are now using to risk assess staff records.

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "I have attended safeguarding training. If I had any concerns I would report it straight away to the unit manager or the manager." Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.

People were supported to receive their medicines safely. Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and assessed as competent to administer medicines. There were appropriate arrangements in place for the recording and administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Stocks of medicines matched the records which meant all medicines were accounted for. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them. Some people needed 'as required' (PRN) medicines for pain or anxiety. People had guidance in their care plans to help staff identify when they required (PRN) medicines.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risk of harm. Staff understood people's risk assessments which were monitored and reviewed monthly. These included environmental risks and any risks due to health and support needs of the person. Risk assessments were also available for moving and handling, use of equipment, medicines and falls. Care plans contained detailed risk assessments. One

person could have difficulty communicating whether or not the bath water temperature was comfortable. The action plan provided detailed guidance for staff on steps to take to ensure the person's safety and comfort, while maintaining the person's independent abilities.

The home was made up of four units and people had freedom of movement within and around all communal areas. The managers and staff were proactive in ensuring any daily risk assessments were shared with staff in each of the units. A health professional told us, "I do not have any concerns about risk management and they always seek help and advice to formulate risk management plans effectively." Another health professional said, "From what I have seen and by way of care plan, the home has demonstrated it is able to effectively manage risks safely".

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered eventualities in case people had to leave the home due to an emergency situation.

There were sufficient staff to meet people's care needs. One person told us, "I feel there are enough staff, nothing is too much trouble for them". A family member said, "Ratio of staff to residents is great". Staff rotas were planned in advance and reflected the target staffing ratio we observed during the inspection. The rota clearly indicated the senior staff on each shift as well as designated first aiders and fire safety officers. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs. Absence and sickness were covered by permanent staff working additional hours or the use of regular agency staff. This meant people were cared for by staff who knew them and understood their needs. The registered manager told us, "Staffing is through people's needs. When people first move in we have settling in time where people can be anxious so would bring more staff in to help them settle into the home".

## Is the service effective?

### Our findings

People who lived in the home, family members and health care professional's we spoke with consistently praised the skills of the staff working at the home and were extremely positive about the care and support they received. Staff had exceptional skills at communicating and working with people living with dementia. A family member told us, "I had trouble with mother and finding somewhere as she was quite aggressive at the time. This place has been a breath of fresh air, worked wonders. Staff are so patient and kind. Take time to get to know residents and couldn't be kinder". One health professional told us, "They [staff] are very skilled in dementia care, putting the resident first at all times". Another health professional said, "They have managed some very challenging residents in the utmost professional manner and always putting the residents first while remaining in close liaison with family and friends to ensure the residents wishes are respected and abided by at all times".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that their training included moving and handling, safeguarding, health and safety, medicines, incontinence, end of life, nutrition and hydration, diversity, dignity, pain management, and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. Staff also completed a four day dementia course. This training focused on understanding people's communication methods and gave staff a real insight of people's needs whilst living with dementia. The trainer told us, "We hold this training over four days to ensure staff understand it fully". A staff member said, this training had helped them to better understand the effects of different types of dementia on the brain; and the importance of supporting people to maintain their abilities as much as possible, "Concentrating on strengths rather than weaknesses". The registered manager told us, "Our training has had a positive impact in the way staff approach and support residents, in particular [person's name] when he came to The White House, he was not accepting of any assistance with much needed personal care. Reports from the previous home was that they were assisting him with up to four carers. Due to our dementia training our staff formulated a care plan that ensured all staff were aware to try different approaches, noting those that worked and those that didn't, if approach is not working try again a little later as many times as necessary until the required assistance can be delivered successfully with minimal distress to the person. [Person's name] is now, happy settled and accepting assistance with personal care as and when needed".

The home had thought of creative and productive ways to develop their staff to deliver exceptional dementia care. For example, the registered manager had organised a mobile virtual dementia tour, at the home from a nationally recognised trainer. This involved providing staff the opportunity to have an experience of what dementia might be like and help improve practice through understanding. A staff member told us, "You go through an area with special glasses on, and it makes you understand how people with dementia are feeling". Another staff member said, "It made me more understanding of people living with dementia, staff were quite quiet afterwards it really makes you think". A visiting General Practitioner (GP) told us how they attended the dementia training, and said, "A tour bus was outside to experience dementia. Got us involved, and makes you approach people differently as a result". They also told us, "Staff know the residents so well, which for dementia is the key. So staff notice subtle changes in resident's

patterns which is really helpful for us". A staff member told us, "I know the dementia tour bus was beneficial to me as it gave some insight as to how the residents may feel and what they see and hear. I found it uncomfortable and I was very wary which has made me more aware of how the residents feel". The registered manager informed us, the training had been so successful they were going to arrange for them to return again and invite some of the local community as well as other staff to attend.

Staff also told us they had received mental health awareness training, as some people using the service had mental health support needs. One staff member said, "I have training every year. Lots of it, covers such a wide range. At the end of each training we are asked for feedback and asked if we could benefit from any other further training. I asked for some more training on mental health and it was arranged".

New staff completed a comprehensive induction programme before working on their own. Staff confirmed this was a thorough induction process followed by further training. Arrangements were in place for staff who were new to care to complete The Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people. One staff member told us, "Induction training is really thorough".

Staff told us they had regular supervision and an annual appraisal of their work performance. These meetings were with a senior member of staff and were used to discuss how each member of staff was meeting their responsibilities as set out in their job description and to set goals for further development that were reviewed at subsequent meetings. Other topics such as key working and training were also discussed. The registered manager told us they had just started using a new form for supervisions called (PMA) which stood for performance management assessment. This was an on-going process of planning, monitoring and reviewing performance, progress and achievement, where staff met every other month to discuss their individual and team goals. A staff member told us, "PMA every couple of months, I love doing them". Another staff member said, "I find the PMA helpful in encouraging staff to reach their potential and encourage good staff moral and confidence. It is also a good tool to high light any areas which need some improvements or identify training needs". The registered manager said, "Through PMA's I have been able to identify staff strengths and abilities to then enable us to support the individual to progress to a more senior role by providing managerial guidance and training".

Staff told us they had received training in relation to the Mental Capacity Act (MCA) 2005. The 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. Staff were able to demonstrate understanding of the main principles of the MCA and how these related to people using the service. For example, a member of staff told us "Not having capacity in one area does not imply a lack of capacity in other areas".

Before providing care, staff sought verbal consent from people and gave them time to respond. Where people had capacity to make certain decisions, these were recorded and signed by the person. A health professional told us, "They have a dedicated staff member to ensure the residents mental health, capacity and ability to consent are reviewed. This is done in conjunction with the multi-disciplinary team and they will seek help when they need it".

Staff were aware that most of the people living in the home were subject to safeguards that placed restrictions on their freedom; and how this was reflected in the care plans for supporting them. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of

their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). A health professional told us, "Staff are aware and understand about mental capacity act principles and this is discussed regularly in our meetings". DoLS had been authorised for 19 people and applications had been made for a further 23 people to the local authority. We talked with the registered manager who fully understood what action they needed to take when there was a risk that someone may have been deprived of their liberty.

A person's care records showed a capacity assessment had been completed in relation to the person's placement and awareness of their needs. A DoLS application had subsequently been submitted and authorised and we had been notified. Care plans provided guidance for staff on providing support in the least restrictive way possible. A health professional told us, "In relation to mental capacity and consent I am aware that the home treats all its residents as individuals and tries to engage residents in a person centred way and involve- them in decisions going on. A good example was when the home were dealing with a client who was struggling with a mental health issue and the home did everything it could to ensure the client was involved in decisions of an everyday nature. Also with this client the home were also confident when suggesting to other professionals that more capacity tests were needed to ascertain her needs".

People and their families told us they liked the food and were able to make choices about what they had to eat. One person told us, "Food is good, lovely my favourite is fish and chips". A family member said, "Food is fine mum gets a choice, gets offered three or four choices". Another family member told us, "Mother has a very particular requirement for food, and they let her have what she likes. Take the trouble to know what she will eat".

People were effectively supported to eat and drink enough to meet their needs. Each person had a detailed eating and drinking support plan based on their requirements and preferences. Staff we spoke with had a good knowledge of people's support needs and provided people with different food options. Staff were attentive to people, offering them additional portions and encouragement to eat. A health professional told us, "The home has always engaged with the Clinical Commissioning Group (CCG) and strive to ensure best practice. The care staff have attended a nutrition and hydration forum and wanted to know more about using SBAR communication tools". SBAR is an acronym for situation, background, assessment, recommendation. This is a technique that can be used to facilitate prompt and appropriate communication. It is a way for health care professionals to communicate effectively.

There was a choice of three hot meals at lunch time and a choice of two different puddings. If people did not want the choice on the menu they could chose an alternative. Staff walked around the home in the morning with a pictorial menu and spoke with people about what was on the menu that day. The kitchen manager was aware that some people could change their mind or forget what they ordered and this was taken into account when preparing the food. They said, "When a new resident comes into the home, the unit manager brings all the information about their likes and any allergies. When I cook I always cook a little bit more of everything, in case people change their minds". They also told us, "Try to do a different type of potatoes and vegetables very day. If residents don't like what is on the menu they can choose something else, for example an omelette or jacket potato. I also cater for diabetic diets, vegetarian and pureed diets as well".

During the morning we observed staff chatting to people in the communal areas and offering them a range of hot and cold drinks. We observed the lunch time meal being served in three units. The meals were served from a food trolley brought from the main kitchen. Some people ate in the dining areas, others in the lounges and some chose to eat in their own rooms. Staff offered people a choice of drinks to go with their meals. The meal was taken at a relaxed pace and there was a good rapport and positive interactions between staff and people using the service. A person got up from their chair and repeatedly wandered in

and out of the dining room. A member of staff brought the person their food and encouraged them to sit down again, which they did and then ate well. The atmosphere was friendly, unhurried and inclusive.

Another person sat in the lounge and told us they had eaten their lunch earlier. A member of staff came in and gently reminded the person they had only had breakfast. The member of staff clearly knew the person well and spoke in a kind and caring way, encouraging the person to try a small meal. The member of staff explained the food options then brought in an attractively presented meal and a small table so the person could eat in the lounge. The person looked happy with this and began eating the meal.

We observed a staff member search the garden for a person at lunchtime. They were aware that they liked to sit on a certain bench, watching the pigs. They were watching the pigs and the staff member spoke kindly to them, and they walked back to the main house for lunch arm in arm. The person was not rushed and we observed they stopped to watch the peacocks for a few minutes.

Records showed that people were supported to have access to healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their care and support to ensure this was delivered effectively. This included GP, chiropody and community mental health services. A family member told us, "Any concerns staff will call GP".

During the second day of our inspection a GP visited as part of their weekly round and saw people who had been identified as needing a review. The GP told us, "I have no concerns about the home. Feel it is a wonderful place to be if you have dementia". They also said, "Staff don't wait for weekly rounds if any concerns will request a visit". Every six – eight weeks the mental health team visited and combined their visit with the local GP weekly rounds. The GP told us, "Meet up with the mental health team and discuss residents under them, it works well and is responsive with peoples medicines".

The National Institute for Health and Care Excellence (NICE) 'Quality standard for supporting people to live well with dementia' states that housing should be designed or adapted to help people living with dementia manage their surroundings, retain their independence, and reduce feelings of confusion and anxiety. The purpose built home provided a spacious, calm and safe environment for people living with dementia. A health professional told us, "The environment is outstanding and the emphasis on nature and the presence of wildlife in the gardens is fantastic for the residents to enjoy". A GP said, "The environment with the animals set up where people can walk around and be safe works really well". People were able to move freely indoors and out, and to visit other units without restrictions. Each unit had its own colour theme in the corridors to aid people in orienting themselves in the building.

The main rear garden provided a secure and tranquil area with a walkway encircling an enclosure with an ornamental duck pond with swans, a large aviary with exotic birds and wallabies. There were also goats, pigs and a tortoise. There were many seated areas placed in the gardens for people and their families to choose from and enjoy the surroundings. A family member told us how they loved the exterior environment and it was so pleasurable to walk around. Another family member said, "The building is excellent, all on one level, and set into smaller units. Separate dining rooms and things. Always kept tidy and clean". Through the creative and purposeful design of the environment the home promoted people's independence, safety and wellbeing.

The home was awarded five stars for being a pet friendly home. The home was runner up with 'The Cinnamon Trust' which is a national charity for the elderly, terminally ill and their pets. Some people had their own cats, however other cats lived at the home and were enjoyed by everyone. A family member told us, "He settled very well [Person's name] likes cats. When we arrived staff helped unpack and came back

with a kitten and put on his lap, magic done, that was it, done the trick". They also told us, "It's lovely to walk outside, take [person's name] in the wheelchair and see the animals and [person's name] can see the wallaby's from his room. He also enjoys the cats when they wander in his room". The registered manager told us "Animals create a calming environment, seems to calm people down, it shows in their behaviours". They also told us, "I feel the environment we have here works. Evidence it works is that the residents are happy and feel that this is their home".

## Is the service caring?

### Our findings

At our previous inspection in 2014 we gave a rating of outstanding for this domain. The home remains outstanding in caring.

People, and their families praised staff and told us people were treated with kindness and compassion. One person told us, "Can't do enough for you. Definitely well looked after". Another person said, "Staff are always kind". A family member told us, "Couldn't be happier with the care, and couldn't do anymore". Another family member said, "Such caring staff, really are and appreciate mum's sense of humour. Got to know her very well and manage her very well". Other comments included, "Nice philosophy on how to care for people. Shows in how the home works for people". As well as, "All the staff are so caring and welcoming and keep us so well informed about what is going on". Also "Can't praise staff highly enough," and "Staff all lovely all helpful". A health professional told us, "The home does try to ensure that clients have meaningful experiences on a daily basis and that everyone is treated with dignity and respect".

Health care professionals told us they felt the service was outstanding and went that extra mile for people living at the home. A GP told us, "Staff are really respectful, can't say enough. They know the residents inside and out, and make every effort as to what is right for the person". Another health professional said, "I feel that the staff that I have worked with have always been kind, considerate and caring of the clients I support". Other comments included, "I believe they offer a high standard of care and are compassionate and caring at all times". As well as, "The staff are extremely caring and are aware of their limitations. They will always contact my team if they need input and act on the advice given".

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. One staff member told us, "I love working here absolutely love it. I've been in care a long time and this is so different like a breath of fresh air". Another staff member said, "Very, very happy. Fantastic place, if I had a relative or friend that needed care I would not hesitate to recommend the White House to be honest". A third staff member said, "I know this is such a nice care home. Residents are so calm and happy".

We observed positive, caring interactions between staff and people using the service. Staff were kind and compassionate; for example, we observed staff make sure people had a drink with them most of the day, and when their drinks needed refreshing or topping up, staff offered an alternative. Staff interacted in a friendly way and there were many moments when people seemed happy and were laughing with staff. People were supported in an unhurried way and staff kept them informed of what they were doing. A member of staff, who was busy doing the medicines round, responded to a person who was asking to go to their room. The member of staff said "I will get someone to come and assist you". We observed that another member of care staff swiftly came to assist the person.

When people moved to the home, they and their families, where appropriate, were involved in assessing,

planning and agreeing the care and support they received. Staff informed us that people were fully involved in their care plans, and made sure they were happy with the care plan. We saw that people's care plans contained detailed information about their life histories to assist staff in understanding their background and what might be important to them.

People's families told us the home was homely and they were always made to feel welcome. We spoke to one family member who could not speak highly enough of the staff, management and the very caring environment. They said, "It's perfect here, absolutely brilliant. No complaints at all. My wife is beautifully looked after, always clean and sweet smelling". They added that the staff are very kind to him as well. We observed staff bring him refreshments when they arrived and call them by their preferred name showing familiarity. They added they had made an advance directive that he should be placed here, in the future, should he require residential care.

Special days were held on each unit where a person living at the home had an outing, activity, or meal arranged especially just for them every eight weeks, where they could choose what they wanted to do. A family member told us, "On mum's special day last month, they took her out to Marks and Spencer's, and I really appreciated that. We thought this was really tremendous on their part as they chose something that was right up mum's street and what she would have wanted, they know her very well". Another family member said, "Special treat for mum she really likes curries so for her special treat she has a takeaway". Staff gave us some examples of what people had chosen to do including, going to see an opera at the theatre, visit a garden centre or shopping for clothes. If people did not want to go out they could choose something simple like having some cream cakes brought in. A staff member told us, "For one person who can't go out, we buy them flowers and chocolates to make them feel special". They said, "For people in bed we mostly do with taste and touch and try to stimulate taste with special puddings".

The registered manager told us that staff often went the extra mile to support people living at the home and gave us many examples. These included, staff coming in on their day off to take a person to an appointment or to meet and greet a new person coming into the home or attend a review. Staff also came in on their day off to assist with outings or people's special days using their own time and transport where appropriate.

Staff told us that privacy and dignity was adhered to and we observed care was offered discretely in order to maintain personal dignity. A family member told us, "The odd morning he doesn't want to get up, staff say okay get up when you're ready, not regimented at all". People's privacy was protected by ensuring all aspects of personal care were provided in their own rooms. A staff member said, "When providing personal care I always make sure doors are closed and cover them with towels so they don't feel exposed". Staff knocked on doors and waited for a response before entering people's rooms.

Staff explained how they provided personal care to meet people's individual and changing needs, from full care and support for some to helping others to choose what to wear for the day. One person's ability to undertake some personal care tasks independently was dependent on their mood, which staff understood and responded to accordingly. The design and layout of the building were used to promote and maximise privacy and independence.

Care plans promoted people's dignity, rights and independence. The plans showed which areas of personal care they were able to do independently, those they required support with and how they would like this to be done. Care plans included the preferred name the person wished staff to address them by and whether they preferred male or female staff assistance with personal care. People's care records showed in what ways they were able to communicate choices including, for example, blinking and head gestures. The records indicated people were asked for their consent to care and treatment and to their personal

information being shared with other health and social care professionals.

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured people's care and treatment could not be overheard. The service had links with a local advocacy service and details were provided in the service user guide.

The home had a dignity champion who kept updated by attending local forums on dignity and sharing best practice. Their role was to promote dignity and awareness through induction and training. They also provided guidance at unit manager meetings to facilitate discussion and new ideas on promoting choice and dignity. We spoke with the dignity champion who told us the home was holding a dignity bake off in May with a winner for the best cakes, with the money raised going to charity.

Staff training included palliative care. Staff told us how the service involved external healthcare professionals in arrangements to support people at the end of their life. For example, staff would monitor people for any signs or symptoms of pain or discomfort and refer to the GP or district nursing team. People's care records showed that they had been consulted about their end of life wishes. The provider told us about plans to provide a room for relatives to stay when their family members were on end of life care.

## Is the service responsive?

### Our findings

People could not praise staff enough and consistently told us they felt the staff were responsive to their needs. One person told us, "I go out in the mini bus, staff come and ask if I would like to go out". Another person said, "I Like living here due to all the activities in the house and outside and I go on as many trips as I can. Going to the pavilion in Brighton in a couple of weeks". A third person told us, "Staff always do their best to respond to my needs".

A health professional told us, "They have regular group activities and involve as many people as are interested. This is one of their many strengths, acknowledging people wishing to continue to be busy and active even in older age. They look at the person as a whole and go to great lengths to get to know them so that whatever they want to do is made achievable if possible".

The service recognised and responded to people's needs for social interaction and mental stimulation. Staff were aware of people's needs and how they liked to spend their time. For example, while we were talking to a person living at the home they were brought a cup of tea in an attractive big mug. They told us how they had won it at the bingo and how they enjoyed bingo. Later in the morning we visited the activity centre and observed staff putting on hold bingo until a person arrived as he really enjoyed bingo. When they entered staff started the bingo which the person was clearly pleased about. This showed that staff were clearly aware of how people liked to spend their time and responded to people's needs.

Activities were arranged over seven days. People were able to choose what activities they took part in and suggest other activities they would like to undertake. The home employed two full time activities coordinators who were passionate about their roles and clearly enjoyed working with people. We observed staff assisting with activities, one person was arranging flowers, while one person was baking, which smelt delicious. They told us, "I enjoy baking most days I'm making pastry for some sausage rolls. I make muffins most days". Other people were involved in an alphabet activity game which people were clearly enjoying with lots of engagement. Homemade biscuits were being enjoyed which had been baked earlier in the day.

Activities also took place out in the community. The home had its own mini bus and transport car and outings were provided twice a week. Outings included The Mary Rose museum, military museum, art gallery, blue reef aquarium, tea rooms, pub meals, The New Forest, Portsmouth, Salisbury and the seaside. The home had a large TV screen in the main corridor which showed photos of days out and group activities. The registered manager told us, "Daily the residents enjoy looking at the photos on the TV screen; staff will then stop and have a discussion about the photos being looked at. [Person's name] comes to look at the photos daily and is pleased when he sees himself; he enjoys talking about the places he sees".

We spoke to a volunteer who used to live at the home, but now volunteers at the home and visits twice a week as they said they feel so at home here and help out on the minibus for trips out. They told us, "This place is something else I think it should have a five star rating for every bit." They said, "Every Tuesday and Thursday we go out on a trip somewhere. Go to all manner of places. We sometimes take a picnic lunch or go for a pub meal". They also informed us, that the activity manager is, "Something else, really good, very

funny and honest".

One person told us there was always something going on in the day and evening and told us, "We sometimes have bingo in the evenings and a poetry group which at the moment is looking at poems from 'Pam Ayres'". They also told us about one of the staff members who was learning magic and was showing people their magic tricks. They said, "We have a woman comes in with music on different days. If I can we have a good old sing song".

The registered manager told us about activities for people who are cared for in bed. They said, "We have a screen we can bring into people's bedrooms which can be programmed for where people grew up and the music and pictures so people can reminisce". The screen and tablet is great for all abilities and needs, it has many uses from reminiscence, activities, games, music and personal history profiles can be created including photos. The registered manager said, [Person's name] used it daily to Skype his daughter when she was abroad for some time". They also told us, [person's name enjoys using the screen to engage in activities, they find activities difficult but enjoyed playing card games both with staff and on his own". A staff member said, "I'll never forget [person's name] face lighting up when a picture of the fish market in Aberdeen came up". As their father was a fish merchant, he worked there and it brought enjoyment and engagement to talk about it. Staff also provided hand massages, reading, and the use of sensory equipment.

The home was flexible and responsive to people's needs and preferences, finding creative ways to enable people to live as full a life as possible. The home had its own pub called, 'Kev's Corner', in honour of a local sportsman, and people and their families spoke very positively about it. The pub was exceptional, and was located in the central courtyard of the home and was accessible to all people living at the home. In the pub was a bar area with glasses and tankards. There was a dartboard on the wall which included magnetic darts and a karaoke machine. The pub offers a choice of wine, red, white or rose and lager all non-alcoholic and a range of soft drinks. Staff told us the pub is the place to go if there is a big football match and dart nights are also a regular event. One staff member said, "The great thing about the pub is that you have to say 'let's go to the pub' so it's an invitation to 'go out' to a different venue. The drink, the music and together feeling is beneficial".

We observed music therapy in the pub and courtyard in the afternoon. People with no mobility problems came into the courtyard, and we observed staff bringing people out in wheelchairs, and assisting those with Zimmer frames and other walking aids. There was plenty of seating, both inside the pub and out in the courtyard with shaded and unshaded areas. The pub was very busy and people were clearly having fun and singing along with much laughter and banter with drinks in the sunshine. There was also a water feature in the centre of the courtyard which provided a calming atmosphere and contributed to a pleasant environment for everyone. The interaction between staff and people was excellent, conversation was flowing well and it was evident that this was a regular event that took place.

The registered manager promoted community involvement at the home. People were supported to maintain links with the local community. This involved one person accessing the local swimming pool weekly with staff support. They told us, "I go swimming once a week at a local swimming pool". An anniversary party was held at the home every year each September, with people's family and friends invited and members of the wider community. The registered manager told us, "It gets bigger each year in September 2016 we had an Abba tribute band where staff dressed up and residents could choose to dress up if they wanted to. We had a hog roast and pimms tent as well as cakes and strawberries and cream including a bouncy castle for children".

People's care and support was planned proactively in partnership with them. Before people moved to the

service an initial assessment of their needs took place to help ensure the service was suitable for them. People and their relatives or other representatives were encouraged to be involved in this process. Care and support plans were written in a personalised way, including who and what was important to the person. Staff demonstrated a good knowledge of the care plans and people's current individual needs. One person could be uncooperative when staff offered personal care and incidents of this were recorded for monitoring and review of their wellbeing and support. A behaviour management strategy was in place and the care records showed staff adhering to this in their approach. For example, staff approached the person in a reassuring and supportive manner. If the person was uncooperative then the staff left the person's room and they or another care worker came back later.

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. For example, one care staff member was able to describe the support a person required when mobilising. This corresponded to information within the person's care plan. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs.

Records showed care plans were reviewed on a monthly basis, or sooner if necessary. People and/or their relatives/representatives were involved in reviews according to each person's wishes or best interest's decision. Information about people's preferred daily routines were also included in their care plans. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and acted accordingly. All care staff contributed to keeping peoples' care and support plans up to date and accurate. A senior member of staff told us how following a review of their needs a person had moved from one unit into another that catered for people with higher dependency, but remained living in the home and receiving care from familiar staff.

A health professional told us, "Everyone has an individual care worker who regularly reviews their care plans with them, if they are able. They liaise well with the relatives, keeping them up to date with any changes or concerns". Also "I feel they offer an excellent service which is completely resident focussed".

People were encouraged to follow their interests. The registered manager told us, "One person liked to go running, so a staff member use to go running down the lane with them and on one of their special days we took them to a running track". We spoke to one person who told us, "I have my own cat named Tommy, he's a big tabby, I've had him from a kitten and I was able to choose him".

The provider produced a local newsletter for people and their families which included stories about the services and peoples achievements. These were available each month and were produced by each unit and the day centre to keep people and their families up to date with the latest information. The home had received many compliments from family members about the newsletter which included; 'You have no idea the joy your newsletter is. It is wonderful to see my dad being busy.' As well as, 'What a great job you do these newsletters make me so happy.' Also, 'What a lovely newsletter! Great narrative and the photo of mum at Halloween is super.' Each newsletter contained photos of people attending activities and trips and celebrated birthday and special occasions.

The service was proactive in responding to people's comments and views. Monthly resident association meetings were held to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions. Minutes from a meeting in April 2017 showed that outings had improved with one resident commenting, 'we've cracked it.' Advocacy was also mentioned at each residents meeting reminding people of their right to have an independent advocate with details displayed in the home.

The service also sought feedback from family members through the use of a quality assurance survey questionnaire which was sent out yearly. Results showed people and their families were happy with the service. Comments included; 'I'm always made welcome and my questions are always answered. There is always so much going on for people.' As well as, 'Fantastic place for my father to be. Staff are fabulous, empathic and caring. Lots of activities both inside and out. Food fantastic, can't fault, environment surreal.' Other comments were, 'Can't fault,' and 'An amazing place with amazing staff.'

A complaints procedure was available in a leaflet format and customer satisfaction forms were also available throughout the home. All of the people we spoke with told us they had not had any reason to make a complaint, but would feel comfortable about doing so. Staff knew how to deal with any complaints or concerns according to the service's policy. There had been one complaint about the service over the last year which had been investigated thoroughly and people and their families were satisfied with their response.

## Is the service well-led?

### Our findings

People and their families told us the home was well run. One family member told us, "I would recommend the home". Another family member said, "Management ready to see us and encouraged by willingness to talk to us". A health professional told us, "I have found the management and the staff at the White House to always work well with us on any issues and always ask for our professional opinions and guidance". Another health professional said, "The home is well led by management and the teams in each unit".

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. Staff felt supported by the registered manager.

Staff were positive about the support they received from the registered manager and management within the home. One staff member told us, "Manager and owner always here so you can go to them at any time". Another staff member said, "Management very approachable which is why everyone has been here so long". Other comments included, "The managers are so approachable here, nice to be appreciated. I'm not going anywhere," and, "Management really wonderful". As well as, "Really happy. Listen to me and adapt to me. Can't fault this home at all, just really lucky working here".

The home had recently been accredited with 'investors in people'. The registered manager told us, "They came interviewing staff confidentially as we wanted staff to be honest. It was a really valuable experience as it was great to get staff views and it gave us a picture of how staff liked working at the home. Generally staff were happy but communication could be improved. As a result a staff forum was set up and we meet every two months. Also any changes we send a group email so all staff are kept updated".

There was a clear management structure including a registered manager. The registered manager was assisted by the owner who was the director of the company, compliance manager, care plan manager, training organiser, four unit managers, two night supervisors, day centre manager, housekeeping manager, kitchen manager and senior care assistants who support staff in the home. Staff understood the role each person played within the structure. The management team encouraged staff and people to raise issues of concern with them, which they acted on.

Staff meetings were held every three months and minutes showed these had been used to reinforce the values, vision and purpose of the home. Staff meetings were used to discuss concerns about people who used the service and to share best practice. During these meetings the unit managers passed on information from senior management meetings. Staff felt the service was well led and managers were open and willing to discuss any issues or suggestions for improvement. A member of staff told us "It's a good, friendly team".

A senior member of care staff said they felt "The home is as near perfect as it can be. Each unit is like a family". They told us there was a consistent staff team so, "Residents are never left without a familiar face," which they recognised was "Especially important" for people living with dementia. Unit managers worked

on the floors providing care and had allocated office hours to enable them to fulfil all aspects of their role.

The registered manager and other managers working in the home used a system of audits to monitor and assess the quality of the service provided. These included medicines, staff files, health and safety, care plans, training and dignity. Where issues were identified, remedial action was taken.

The registered manager informed us they kept up to date by attending training. The registered manager also supported other managers to attend provider forums to share best practice and share with the team in the home.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm.