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Premises visited: The White House Residential Home, 29, Beverley Road, Driffield, YO25 6RZ	Date of Visit: 28 January 2015	HW Reference: HWERY 20150128
	Duration of visit: 2 hours	
	HWERY Representatives: Jackie Brayshaw Val Longden	Staff met during visit: Sharon Simcox (Manager) Bev Youngston (Carer) Donna Barkley (Carer) Cristine Soares (Carer)

PURPOSE OF VISIT

The visit was part of a HWERY programme to review the quality of provision of residential care in East Yorkshire. The visit was pre-arranged and we spoke to residents, visitors and staff.

INTRODUCTION

The White House Residential Care Home is located in Driffield and can provide care for a maximum of 20 residents, although currently provides care for 16 residents (2 gentlemen and 14 ladies), most suffering from dementia.

POLICIES, PROCEDURES AND CARE PLAN

There are a number of written policies and written procedures, some of which are clearly displayed on the Managers Board in the office, in the corridor and by the entrance in the hallway.

Care plans - the manager did make clear that not all residents were able to discuss and consequently have any input into their Care Plan. Where this discussion and subsequent decision making was not able to take place, this was fully discussed with relatives. Where there were no relatives this decision is within the remit of the care manager and social worker. A key worker is named on the Care Plan. This plan is reviewed on a monthly basis and we were shown evidence of this.

The Manager acknowledged the need for an End of Life Plan and said that there were plans available. She also stated that the Care Home could manage terminally ill residents so they were able to die in what is now their home. A policy is in place.

ENVIRONMENT

It is a large 3 storey Victorian type of property with parking to the rear, accessed by a shared drive leading to other properties (not connected to the Care Home) behind. It has a small garden seating area for residents accessed from the Dining Room. The décor is typical of a house of that era. All rooms are heated by radiators. A new fire alarm system was fitted some 12 months ago.

There are 16 single Rooms with en-suite and two double rooms with en-suite, both vacant at present. There are 13 bedrooms on the first floor and 5 rooms on the ground floor. All of these rooms have new carpeting. There is a lift between the ground floor and the first floor for those residents unable to manage the stairs. The second floor is used for storage and office space.

Additional resident bathrooms are provided: - one with a shower facility with toilet and also a separate toilet on the ground floor. The bathroom on the first floor has a bath with toilet. There is also a separate toilet facility.

All rooms are of different sizes and shapes, with residents own belongings, such as bedding, photographs etc. Some residents have chosen to bring some of their own furniture with them.

Some residents' rooms have television and/or radio facilities, although one resident we spoke to did not want either, preferring to read quietly.

Also on the ground floor is the laundry room housing two washers and two dryers, one of which was clearly marked 'Not in Use', having broken down. The Manager assured us this was in hand. There were also two bins, one for white and hot wash items, the other for lower temperature washes.

The staff locker room is accessed through the laundry room and houses the locked medicine trolley which for added security is locked and secured to the wall.

There are also two lounges, both with a television and a small central sitting area opposite the entrance door. The Dining Room is also on the ground floor. Residents can however choose to eat in their rooms if they prefer.

On entering the establishment, first impressions were favourable. We were admitted by a Care worker as the door has a keypad for entry and exit for safety reasons. It was warm on entering the hall and there was a signing in book just inside the entrance.

We were somewhat surprised to find 3 residents and a relative sitting in the entrance hall, but subsequent conversations with two of the three residents (the third resident did not appear to be able to respond) and the relative confirmed that they preferred this area to sit. It was light and airy and they were able to see 'comings and goings' and appeared perfectly content. The décor was homely and what would be expected in a Care Home for the Elderly. We did not detect any unpleasant odours throughout the property. Nor were there any overpowering 'flowery' or disinfectant type' odours but did smell clean. It was clean throughout, both in communal areas and bedrooms.

Insofar as safety is concerned, there are keypad locks on those areas inaccessible to the residents, for example, the kitchen. 'Buzz mats' are also in place for those areas inaccessible to residents. These mats 'buzz' when stepped upon and thereby alert staff.

PRIVACY, DIGNITY AND RESPECT

One member of staff is specifically responsible for planning and undertaking activities. These types of activity are determined based on the residents' abilities and for stimulation purposes. The home does organise occasional trips and visits out for residents especially around Christmas and Easter. Day trips out are mainly in the summer when a bus is hired and residents themselves deciding where to go. There are usually between 8 and 10 residents who go on these accompanied trips.

Indoor activities include Bingo and Ball and Skittles (from the Chair), but some residents because of their dementia are not really interested. On the day we visited, the ball and skittles activity was being undertaken in the larger of the two lounges with staff support and assistance.

Other residents were watching television in the smaller of the two lounges.

Some residents however, are hard of hearing and allowances appear to be made for this by staff. It is reported that there have been some difficulties with residents understanding different accents but seems to have been resolved.

From what we witnessed, staff interaction with the residents appeared to be 'easy and comfortable' by both sides. Although this comment is mitigated by the number of residents suffering from quite severe dementia.

There are no specific or set visiting hours for relatives and friends.

All residents' food is cooked on site. There is a monthly (differing week by week) menu which appears to be varied and well balanced. Residents eat in their own room, the Dining Room or Lounge, whatever their preference. Snacks are provided if needed/required.

Each bedroom had a lock on the door. We were told it was the practice of the Care Home to ensure all rooms are newly decorated prior to a new resident being installed.

All the residents we saw appeared to be extremely well cared for, for instance, their hands and nails were clean. Hair brushed and tidy. All residents we saw were well dressed in what appeared to be their own clothes, i.e. none were too big nor too small. Dialogue from what we saw was good between residents and staff, as well as between staff themselves.

We had a fairly lengthy conversation with a resident who had been there for some two years and was very happy. She said she would not want to go anywhere else. She told us that she had been a carer herself some years ago before retiring. She certainly had a firm perspective on the establishment!

Some residents are given money by their relatives when visiting and others rely on the care home to keep their money in the safe. They are then able to access their money on request. A 'balance sheet' is kept by the Manager in order to ensure accountability.

Hairdressers may visit residents on request. Some visits by healthcare professionals are taken on a request basis, whilst others are planned: GP visits as arranged as required and also on a quarterly basis for reviews. Community Nurses visit as required and are described as 'brilliant' by the staff. Residents are taken to the Dental Centre as necessary. 'Vision Care' attends the Care Home frequently. A podiatrist visits every 6-8 weeks. Marie Curie or Macmillan Nurses would attend in order to assist with the end of life care.

Most residents have a Social Worker. Unless specifically requested, or when issues dictate, the Social worker will normally visit annually for a review.

RELATIVES

There were only two relatives present and we spoke with both. The daughter of one of the residents said that she was happy with the care given to her relative. She was sitting in the hall area mentioned earlier in this report and confirmed that her relative liked to sit there as they could see "...people moving about and could see what was going on." When asked, the relative said they felt safe and was "...comfortable...". It was mentioned by a relative that more 'personal care' would be welcome (in relation to food debris in the resident's teeth).

We also had a conversation with a resident (also referred to earlier) who said that she liked her own company and that she preferred to sit in her own room and read. She liked her books. She said she did not want either a television or a radio and this was confirmed by her two visitors. All three confirmed that she was well cared for and happy. Her room was immaculate with very little by way of personal belongings, however the lady said she preferred "...no clutter..." She said she felt safe

STAFF

There are 11 full time members of staff and 6 part time members of staff. There are two members of staff on shift overnight.

We spoke to all the staff on duty at some point during our visit (except for one member of staff who was otherwise engaged at the time). All the staff were happy to talk to us and freely answered our questions. When asked about staff support and training, they all

expressed their views that they felt well supported and particularly on training. They had all had training and attended a number of courses.

This was borne out by the manager who, on request, produced a large file containing all the information pertaining to which course and when, staff had attended. Certificates for individual members of staff were kept on file which the manager produced for us to view. Each member of staff had a training sheet which recorded the course attended, and the date attended. This also confirmed that staff kept up to date with training, for instance, one member of staff had attended a course on Infection Control in 2009, 2010 2011 and again in April 2014, She had also attended Fire Safety in 2010, 2011, 2012 and 2014. Since 2008, she had attended 30 separate courses on different specialities which included Diabetes Awareness, Advanced Medication, Stroke Awareness, Sensory Awareness and Falls Awareness. An Oral Hygiene course was held a week before we visited and was attended by 9 staff.

There are lists on the notice board clearly indicating which course was to be held and when, and also identified those staff members to attend these mandatory training courses.

All the staff (except the Manager who was dressed in mufti) had on clean professional uniforms.

CQC areas (Safe, Well led, Affective, Caring, Responsive to Need)

There have been three CQC visits to this establishment in the last 3 years or so, the last being undertaken on 23 September 2014 (Report published October 2014). This visit had been made to check whether the Care Home had taken action to meet the two standards which the Care Home had failed on the previous visit on 29th May 2014. On the visit by the CQC on 23rd September (Report published October 2014) CQC reported that the two outstanding issues from May 2014 had now been met.

These were:

1. Cleanliness and infection control
2. Safety and suitability of premises

RECOMMENDATIONS

The small garden sitting area is entered directly from the Dining Room through large sliding doors which are lockable. We were assured that when residents use this seating area they are always accompanied by a member of staff and not left alone. From this small garden sitting area however, is a path leading directly into the Car Park at the rear. Whilst it is not envisaged that residents or staff would be sitting outside during winter months or inclement weather, it is recommended that a gate or some form of fencing enclosing the small garden, is erected as soon as possible.

CONCLUSIONS

After reading the last three CQC reports, and comparing these to this, our first visit, it is apparent that there have clearly been improvements across all standards to this care home, particularly over the last two years.

Disclaimer: This report relates only to the service viewed on the date of the visit, and is representative of the views of the service users who contributed to the report on that date.

Signed on behalf of HWERY Board		Date: 1 st May 2015
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