

# Steadway Care Limited

# The White House

## Inspection report

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### Ratings

| Overall rating for this service |  | Good |  |
|---------------------------------|--|------|---|
| Is the service safe?            |  | Good |  |
| Is the service effective?       |  | Good |  |
| Is the service caring?          |  | Good |  |
| Is the service responsive?      |  | Good |  |
| Is the service well-led?        |  | Good |  |

### Overall summary

The inspection was unannounced on 7 April 2015 and then announced on 21 and 22 April 2015. We announced the inspection because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

The White House is a care home for people with autism and learning disabilities. The home is registered to provide personal care for seven people. At the time of the inspection there were three people living at the home.

The registered manager has been in post since November 2013. They were previously the training and recruitment

manager and had worked at the home since it opened in 2002. 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.

# Summary of findings

Some of the people had complex needs and were not able to tell us their experiences. We saw that those people and the people we spoke with were smiling, happy and relaxed in the home.

One person and relatives told us they felt people were safe at the home. Staff knew how to recognise any signs of abuse.

Medicines were managed safely and stored securely. People received their medicines as prescribed by their GP.

The provider had a range of systems in place to protect people from risks to their safety. These included premises and maintenance checks, regular servicing and checks for equipment and risk assessments for each person living in the home.

Decisions made in people's best interests were recorded as they should have been to ensure that people's rights to make decisions about their care were respected.

Staff understood their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home only deprives someone of their liberty in a safe and correct way, and

that this is only done when it is in the best interests of the person and there is no other way to look after them. DoLS applications were correctly completed and submitted to the local authority.

People received care and support in a personalised way. Staff knew people well and understood their needs. People received the health, personal and social care and support they needed.

Staff were caring and treated people with dignity and respect. People had access to the local community and had individual activities provided.

There was a stable staff team and agency staff were not used. Staff received an induction, core training and specialist training so they had the skills and knowledge to meet people's needs.

One person, staff, and relatives commented on the family atmosphere at the home. There was a clear management structure and staff, relatives and people felt comfortable talking to the managers about any concerns and ideas for improvements. There were systems in place to monitor the quality of the service. The managers were going to use these systems to develop and drive improvements.

We last inspected The White House in January 2014 and did not identify any shortfalls.

# Summary of findings

## 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 safe.

One person, staff, and relatives told us there were enough staff to keep them safe. Staff were safely recruited.

Any risks to people were identified and managed in order to keep people safe.

Medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff received training to ensure they could carry out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff demonstrated a good understanding of The Mental Capacity Act 2005 and people were asked for their consent before care or treatment was given to them.

People were offered a variety of choice of food and drink. People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate.

Good



### Is the service caring?

The service was caring.

Care and support was provided with kindness by staff, who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Family and friends were made welcome and continued to play a part in their family member's care and support.

Good



### Is the service responsive?

The home was responsive to people and their needs.

Staff understood people's complex ways of communicating and responded to their verbal and non-verbal communication and gestures.

People were supported to pursue activities and interests that were important to them.

People and their relatives knew how to complain or raise concerns at the home.

Good



### Is the service well-led?

The home was well-led. Observations and feedback from staff, and relatives showed us the home had an open culture.

Good



# Summary of findings

Feedback was regularly sought from people, staff and relatives. Actions were taken in response to any feedback received.

People and their relatives felt able to approach the management team and there was open communication within the staff team. Staff felt well supported by the management team.

There were systems in place to monitor the safety and quality of the service. There was learning from incidents.

# The White 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.

The inspection was unannounced on 7 April 2015 and then announced on 21 and 22 April 2015. We announced the inspection because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

The inspection was carried out by one inspector. We met and spoke with the three people who lived at the home. We also spoke with the training & recruitment manager and

three staff. The registered manager was not available during the inspection. We spoke with one relative during the inspection and received email feedback from another relative.

We looked at two people's care and support plans and records, two people's medication administration records and documents about how the service was managed. These included staffing records, audits, meeting minutes, maintenance records and quality assurance records.

Before the inspection we reviewed the information we held about the service; this included incidents they had notified us about. Following the inspection contacted the community learning disability and intensive support teams and GPs to obtain their views.

We asked the provider to complete a Provider Information Return (PIR) before our inspection. They returned this as requested. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they planned to make.

# Is the service safe?

## Our findings

One person was able to tell us they felt safe and said, “If I was worried or frightened I would talk to a member of staff, I’m safe here”. People were relaxed with staff, and freely approached and sought out staff. This indicated they felt safe at the home with staff. Relatives told us their family members were safe and they did not worry about their safety.

There were posters displayed in the communal and staff areas about how people and staff could report any allegations of abuse. The staff had all received safeguarding training as part of their induction and ongoing training. All of the staff we spoke with were confident of the types of the abuse and how to report any allegations.

Staff had received training in medicines administration. The training and recruitment manager told us that staff had their competency assessed following completion of their training and on an ongoing basis. The staff member responsible for medicines undertook audits and medicines were checked as part of the daily handover between staff.

We looked at the medicines storage and found that medicines were stored safely. We saw from Medication Administration Records (MAR) that medicines were administered as prescribed. The training and recruitment manager gave a commitment to purchasing a controlled medicines cabinet if and when this was needed.

People had risk assessments and plans in place for: specific health conditions, access to activities at home and in the community, epilepsy management and behaviours that may present challenges to others. For example, there were behaviour management plans in place for people who needed them. Staff were clear about the strategies to reassure people and manage any behaviours that

presented challenges to themselves and others. One person told us they had been involved in developing their behaviour management plan. They said, “I need a bit of help to change my behaviour”; they understood why the plan needed to be in place and that it helped them manage things better.

We looked at the staffing rotas for a four week period. Relatives and staff told us there were enough staff to meet people’s needs. During the day one member of staff supported each person. Overnight people were supported by one waking member of staff and approximately twice a week by two waking staff. In emergencies people were supported by a sleep in member of staff. The training and recruitment manager told us they kept the needs of people under review and would adjust the staffing accordingly. We saw that people received the care and support they needed without waiting from the staff member working with them. Staff responded to people’s verbal and non-verbal requests quickly.

People had the opportunity to meet any prospective staff and the managers observed whether people were comfortable with them. We looked at three staff recruitment records and spoke with one member of staff about their own recruitment. Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

There were emergency plans in place for people, staff and the building maintenance. In addition to this there were weekly maintenance checks of the fire system and water temperatures. There were robust systems in place for the maintenance of the building and equipment.

# Is the service effective?

## Our findings

One person was able to tell us they were happy with the food at the home. They were on a specialist diet because of a health condition. They told us all about how their diet was managed and that they understood why there were some restrictions in place. The person showed us around the kitchen and the menus.

There was a four week rolling menu for the evening meal that was based on all three people's preferences. We saw that people were able to choose their lunches. Staff lay a selection of food out for people to choose from. Two people picked the fillings they wanted for their sandwiches. One person liked to go with staff on the weekly food shop.

People's nutritional needs were assessed, monitored and planned for. One person was under the care of a community dietician, who had recently reviewed this person's dietary plan and weight monitoring.

Relatives told us staff had the skills and knowledge to meet their family member's needs.

Staff and managers completed core training, for example, autism awareness, infection control, moving and handling, epilepsy, safeguarding, Mental Capacity Act 2005, fire safety, health and safety and food hygiene. The training and recruitment manager had a training plan in place. Staff work alongside other staff until they are able demonstrate they are competent and this is documented. One staff member told us the induction training they received had been effective and that they had felt well supported throughout their induction period. They were registered to complete the new 'Care Certificate'. The Care Certificate will replace the existing Common Induction Standards and National Minimum Training Standards for healthcare assistants and social care workers. In addition to this staff had completed National Vocational Qualifications (NVQs) or diplomas in health and social care. The registered manager told us following the inspection they supported staff in increasing their knowledge through training at a level that best suited them. For example, for staff that did not feel confident to undertake NVQ level 3, they were supported to achieve NVQ level 2 before being encouraged to progress to the higher level. Staff told us they felt they were invested in and given the opportunity to develop and progress their careers at the home.

Staff told us they felt very well supported and records showed they had regular one to one support sessions with their line manager. The training and recruitment manager and staff said, and records showed, staff had their annual appraisals.

The training and recruitment manager understood their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. Some of the people living at the service had been assessed as lacking mental capacity due to their learning disabilities. DoLS applications were correctly completed and submitted to the local authority.

Staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) because they had received training in this area. Staff were aware of who was subject to DoLS and any conditions in place.

People were given choices in ways they could understand about their care and support. For example, staff explained how they gave one person two choices by using their hands and the person pointed to the staff's hand to make the choice. They said they repeated this as many times as needed to give the person as many options as possible and to check they understood.

People's capacity to make their own choices was considered in assessments so staff knew the level of support people needed while making decisions for themselves. If people did not have the capacity to make specific decisions, the manager and staff involved their family or other health and social care professionals to make a decision in their 'best interest' as required by the Mental Capacity Act (MCA) 2005. For example, any restrictions or monitoring in place for people had been fully assessed and best interest decisions were recorded. A social care professional told us they had been involved in making any decisions and restrictions in place in line with the MCA 2005.

## Is the service effective?

Staff sought consent from people before care and support was provided. For example, we observed staff checking with people in a way they understood what activities they wanted to do.

People had health care plans in place and they used yellow health books to record any health professional visits and appointments. These are health records that are supported by pictures so that they are easier for people to follow.

People had access to specialist health care professionals, such as community learning disability nurses, dieticians, occupational therapists and specialist consultants for specific health conditions. For example, one person had been referred to a specialist intensive support team and consultant psychiatrist following a change in their behaviours.

# Is the service caring?

## Our findings

We saw good interactions between staff and people. They were chatting, laughing and smiling with each other and this showed us they enjoyed each other's company. There was a core stable staff group at the home and staff we spoke with had a good understanding of people, their lifestyle preferences and the way they liked to be cared for. New staff told us they quickly learnt how people communicated from care plans and other staff.

One person and relatives spoke highly of the staff and the care and support people received. One person said, "I'm happy with staff they help me sometimes". One relative said, "I'm very happy with the way they care for him". Another relative told us staff were caring and compassionate and "Staff seem to have a fondness for XXX".

Staff spoke fondly about people and told us they enjoyed the time they were able to spend with people. They all spoke positively of their role and the family atmosphere at the home.

One person said that staff respected their privacy and dignity. They told us staff knocked before coming into their bedroom. We saw staff respected people's privacy. Staff asked another person if they could go into their bedroom and the person smiled to let them in. They then told them to go by waving at them, which staff respected.

People's independence was promoted and one person told us they were encouraged to participate in things around the home. One person told us they helped with the evening meal preparation with staff. People did their own laundry but chose not to be involved in the general house cleaning. One person said staff encouraged them to clean and tidy their own bedroom.

Relatives told us they were free to visit and keep in contact with their family members. They said they were made to welcome when they visited. One relative said they phoned and spoke with their family member. Other relatives communicated on a regular basis with staff. A relative told us they remained involved in the care of their family member and they enjoyed long weekends at home and family holidays together.

# Is the service responsive?

## Our findings

During the inspection all of our observations showed us that staff were responsive to people's needs. Staff responded to people's verbal and non-verbal gestures and communication. They were very knowledgeable about people's communication and were able to explain how people let them know if they wanted anything. Throughout the inspection staff gave information to people in ways that they could understand.

Staff showed an interest in the people's interests and people and staff seemed to enjoy each other's company. People were supported to take part in activities they enjoyed. Each person had a weekly activities planner. Staff explained that people were able to choose whether they did that particular activity. They gave us examples of when people had chosen not to do the planned activity. Staff also encouraged people to try new experiences. Staff evaluated people's responses to the activities if they were not able to say they enjoyed the activity. They encouraged people to try things again if they were not sure whether they liked it or not. People had very full and active day time programmes. One person told us they liked going to gym, on foraging walks, doing the garden and doing their paper round. People attended the local cinema for specialist Autism showings and once a month people went to a nightclub. People also attended events held by other local providers.

A sensory room was near completion and staff hoped this room would be in use within a month. All of the people had shown an interest in sensory environments and this was the reason the provider decided to install a sensory room.

The training and recruitment manager told us they were investigating the use of technology and computer tablets for people. This was with a view to increasing the ways in which people could be involved in planning and recording their care and activities.

People's care plans were personalised and included brief life histories for people. The training and recruitment

manager told us they planned to start ongoing life story work with people. This is a way of recording material, in whatever format that works best for the person, about their family, identity and how they have spent their time.

One person showed us their photograph albums of activities they enjoyed. There were photographs displayed of the other people smiling and visibly enjoying themselves.

People had their needs assessed and from this a written care plan was produced. This written plan detailed how staff were to provide care and support to the person. Staff and people set goals for each person. Staff said that some people were not able to set their own goals but the staff saw what they liked and did not like when they supported them. They then used this information to set goals. One person told us, "I add my goals to my box (a system for this person to manage their goals) and I think I'd like a small book as well".

One person and relatives told us they were involved in people's care planning. One person had signed their care plan and told us, "I look at diary and reviews and what they write is true". This person was involved in a daily review of how their day had been and was part of a behaviour management plan. Relatives told us they were regularly consulted and kept up to date about important things. They were invited to and attended six-monthly reviews for people.

There was a written and pictorial complaints procedure displayed. Each person's communication plan included details as to how they would let staff know if they were unhappy or worried. Staff described how one person, who had different communication skills, would present if they were unhappy with anything. They knew people's communication well and were confident if people were worried or concerned about anything they would be able to tell.

The training and recruitment manager told us that they encouraged people, relatives or representatives to raise any concerns on behalf of people and they were able to address their concerns satisfactorily. Relatives told us that whenever they had raised any issues they had been addressed satisfactorily.

# Is the service well-led?

## Our findings

Observations and feedback from one person, staff and relatives showed us the home had a person centred and open culture. There was a monthly staff/home meeting and each person attended part of this meeting. Staff and one person told us they could contribute if they wanted to. Surveys were sent to people's representatives and relatives before each person's review. We saw they were positive and where any issues had been raised these had been addressed.

The training and recruitment manager told us they and the registered manager regularly worked with people and would cover staffing shortages when needed. This meant they were able to regularly observe how staff supported people. The training and recruitment manager said the registered manager had recently worked a night shift.

Staff and relatives said they could approach managers with anything and that managers were always available to discuss anything with them. This was in addition to the staff meetings and individual support sessions they had with the managers.

Staff told us they knew how to whistleblow and there were policies in place to support this.

There were arrangements in place to monitor the quality and safety of the service provided. The training and recruitment manager showed us the newly introduced audits. These included care plan and medicines. They said they planned to produce an improvement plan from any shortfalls identified. There was a contingency plan and general replacement and refurbishment plan in place.

Incidents were reviewed regularly and used to inform care planning and health and social care professionals involved

in people's care. There had been no accidents recorded in the last year. The training and recruitment manager said following any accident or incident they would review it to see what learning and actions they needed to implement.

Feedback from health and social care professionals was that the staff and managers worked very well with them and followed any advice and guidance given. They did comment that on occasion there had been a blurring of professional boundaries of staff. They explained this may have been due to the close family type nature of the home.

The home had received written compliments and thank you cards. The training and recruitment manager and staff said these were displayed on the notice board so staff received the positive feedback.

The training and recruitment manager told us they and the registered manager kept their practice up to date by attending local professional forums, learning groups and reviewing any national and local reports. We saw that at staff meetings managers discussed the introduction of the new regulations and the different ways we inspect services.

There was a stable staff team at the home. Staff told us they knew people well and we saw people were happy with the staff. The training and recruitment manager and staff told us they did not use agency staff and that any staff shortages were covered by the staff team. This meant there were minimum staff changes so people had continuity of staff and were supported by staff they knew them well and people knew who to expect. Staff we spoke with were very committed to providing good quality care to people living at the home and all of them told us it was a good place to work. They all had a very good understanding of their roles and responsibilities.