

Parkcare Homes (No 2) 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 took place on 24 March 2015 and was unannounced.

The last inspection of the service was carried out on 2 October 2013 when we found no breaches of the regulations.

The White House is a care home providing personal care and support for up to six adults who have a learning disability. The service is managed by Parkcare Homes (No.2) Limited, part of the Priory Group who are a national provider of care and health services.

At the time of our inspection five people were living at the home. There was no registered manager in post. However a manager had been appointed and had worked at the home since February 2015. He was in the process of applying to be registered with the Care Quality Commission. 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.

Summary of findings

The people who lived at the home were happy there and felt well supported. The staff told us they were also well supported and enjoyed working at the service.

There were procedures designed to protect people and to safeguard them from abuse. The staff were aware of these and had received training so they knew what to do if they were concerned about someone's safety.

The staff had undertaken risk assessments where people were considered at risk. These included information on the support the person needed to stay safe.

There were enough staff employed to meet people's needs in a safe way and the staff recruitment procedures ensured thorough checks were made on potential staff.

People received the right medicines to meet their needs.

The staff were well trained and supported and this meant they were able to meet people's needs.

The Care Quality Commission monitors the implementation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) to make sure registered providers are acting within their legal responsibilities. The provider had assessed people's capacity to consent, although these assessments were

not detailed enough. People had consented to their care. The provider had identified that one person's freedom was restricted and they were making an application to the local authority in accordance with DoLS.

People were given enough food and drink and had a balanced diet. Their health care needs were assessed, monitored and met.

People who lived at the home and the staff had positive relationships. People were treated with respect and kindness. They were able to make choices and their privacy was respected.

People's needs had been assessed and their care was planned to meet these needs. They had care which was personalised and individual. They were able to learn independent living skills, were supported to access the community and took part in a range of different activities.

There was an appropriate complaints procedure and people knew how to make a complaint.

There was a positive culture and atmosphere. People living at the home and staff felt supported. The staff were able to contribute their ideas and be involved in the running of the home.

There were appropriate systems for monitoring the quality of the service and for making improvements.

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.

There were procedures designed to protect people and to safeguard them from abuse. The staff were aware of these and had received training so they knew what to do if they were concerned about someone's safety.

The staff had undertaken risk assessments where people were considered at risk. These included information on the support the person needed to stay safe.

There were enough staff employed to meet people's needs in a safe way and the staff recruitment procedures ensured thorough checks were made on potential staff.

People received the right medicines to meet their needs.

Good



Is the service effective?

The service was effective.

The staff were well trained and supported and this meant they were able to meet people's needs.

The Care Quality Commission monitors the implementation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) to make sure registered providers are acting within their legal responsibilities. The provider had assessed people's capacity to consent, although these assessments were not detailed enough. People had consented to their care. The provider had identified that one person's freedom was restricted and they were making an application in accordance with DoLS.

People were given enough food and drink and had a balanced diet. Their health care needs were assessed, monitored and met.

Good



Is the service caring?

The service was caring.

People who lived at the home and the staff had positive relationships. People were treated with respect and kindness. They were able to make choices and their privacy was respected.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and their care was planned to meet these needs. They had care which was personalised and individual. They were able to learn independent living skills, were supported to access the community and took part in a range of different activities.

There was an appropriate complaints procedure and people knew how to make a complaint.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was a positive culture and atmosphere. People living at the home and staff felt supported. The staff were able to contribute their ideas and be involved in the running of the home.

There was a new manager in post who was not registered at the time of the inspection, but was in the process of applying for this.

There were appropriate systems for monitoring the quality of the service and for making improvements.

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 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.

The inspection took place on 24 March 2015 and was unannounced.

The inspection team consisted of one inspector. Before the inspection we looked at all the information we had about the provider, including the last inspection report, notifications of accidents, incidents and other significant events.

During the inspection visit we spoke with two people who lived at the home. We also spoke with five members of staff, the manager, two senior support workers and two support workers. We observed how people were being cared for. We looked at records relating to their care, including the care files for three people, records of meetings, the recruitment and training files for three members of staff, quality audit checks and records of complaints, accidents and incidents. We also looked at the environment. We looked at how medicines were managed, stored and recorded.

Is the service safe?

Our findings

People told us they felt safe at the home. They appeared comfortable and relaxed..

The provider had policies and procedures relating to safeguarding adults. The staff had received training in safeguarding adults and children. They were able to tell us about different types of abuse and what they would do if they suspected someone was being abused. They told us they would speak with the manager and if necessary contact the local authority safeguarding team. The staff were aware of the whistle blowing procedure and told us they knew what to do if they were concerned about the practice or behaviour of another member of staff.

There were procedures for supporting people to manage their money safely. These included restricted staff access to their money and valuables, records of all expenditure and regular audits of these. The manager told us he was reviewing the way in which people were supported with their money to make sure the risk of abuse or errors was minimised further.

The staff had carried out risk assessments on the environment and for the individuals who lived at the home. Where risks had been identified there were plans to minimise the likelihood of harm. The risks associated with people using the community and accessing certain equipment had been assessed. The staff made daily records of people's wellbeing and as part of this any risks to their wellbeing were recorded. There were certain checks the staff carried out each day, for example making sure all sharp knives were appropriately stored and accounted for. Therefore the risks to people's wellbeing had been assessed and were being monitored. However, some recorded risk assessments had been completed over two years before the inspection and there was no evidence that they had been reviewed to make sure they were still relevant or to review whether control measures to minimise risk were still appropriate.

The staff carried out regular checks on the environment and equipment to make sure these were safely maintained. We saw records of these checks. Where problems with the

environment had been identified the provider had taken action to remedy these. There were checks on fire safety equipment and regular fire drills. Each person had a recorded personal evacuation plan in event of a fire. However, the fire risk assessment held at the home was dated 2011 and had been due for review in 2013. The manager told us that arrangements had been made to carry out a new fire risk assessment and this was due to take place shortly after the inspection.

The provider employed sufficient staff to meet people's needs. At least two staff were on duty at all times during the day and one member of waking staff at night. People told us the staff were always available when they needed them. We saw the staff were attentive to people's needs and were able to offer them the support they needed. The manager told us staff absences were covered by staff overtime. The manager was in the process of recruiting bank staff (temporary staff employed by the provider) to offer additional support. The staff told us there were enough of them to meet people's needs and they felt able to carry out their duties safely.

We looked at the staff recruitment files for three members of staff. These included checks on their suitability, for example references from previous employers, proof of identity and criminal record checks. The staff were invited for a formal interview before being offered employment. The manager told us that he had been interviewed at the home and had met people living there as part of this process.

People could be confident their medicines were managed safely. Medicines were stored in a secure cabinet in a locked room. There was an appropriate medicines procedure. The staff had been trained by the pharmacist and via on line training. Staff responsible for administering medicines had also been assessed as competent to do so.

The records of medicine administration were up to date and accurate. Information about people's allergies, medicine side effects and needs had been recorded. There were individual protocols for when people needed PRN (as required) medicines to be administered and records to show when and why this had happened.

Is the service effective?

Our findings

People were being cared for by staff who were well trained and supported. The provider arranged for the staff to undertake a range of different training courses. These included safeguarding adults and children, first aid, learning disability, autism, challenging behaviour, health and safety, food hygiene and infection control. The staff were also being offered training in Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005. The provider monitored whether the staff had attended all training courses or completed on line training courses by reviewing staff training each month. Where training needs had been identified we saw these had been discussed with the staff through individual and team meetings.

We saw that the staff had completed most of the training the provider required. Dates for refresher training had been recorded so the staff knew when they needed to attend this. The staff told us they had the training they needed to care for people effectively. They said this was provided through a mixture of face to face and on line training. They said they were given the opportunities to discuss what they had learnt with their manager and the team. They felt the training provided them with the skills they needed to do their job.

The staff told us they felt supported. The previous manager left in 2014 and there was a period of time with no manager in post at the service. However, the staff told us they were well supported in this time by other managers, senior staff and the area manager. They said they continued to have regular individual supervision and team meetings. The staff said they felt supported by the new manager, who listened to their ideas and offered them information and guidance. The manager held a team meeting on the day of our inspection and we saw records of previous meetings. These had been regular and included opportunities for the staff to discuss their ideas and concerns. The staff records we viewed included regular individual supervision meetings and an appraisal of their performance.

People living at the home were able to express their consent with regards to everyday decisions about their lives. They told us they were given choices and they were able to consent to their care. Care records included information about how the person communicated different needs and wishes. They had signed copies of their care plans. The staff told us people were able to consent and

refuse support and care. They said that they respected people's choices. Daily care notes indicated that people were given choices about how they were cared for, what they ate and what they did.

However, records stated that some of the people living at the home did not have the capacity to understand and consent to more complex decisions, for example some medical interventions. There was some information about this but the staff had not carried out detailed assessments of people's capacity. The manager told us he had identified this as an area which needed to be addressed. He showed us an action plan he had created which included providing more training and information so staff understood about the Mental Capacity Act 2005 and their responsibilities under this legislation. The manager told us he wanted to reassess everyone's capacity to consent and make sure no one was being restricted from doing what they wanted to do.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

At the time of this inspection the manager told us that there was an approved DoLS restriction in place for one person. This has been authorised by the local authority so that the person could receive personal care support which was considered in their best interest. The manager said that one person's freedom to access the community had been restricted in the past and he was in the process of reviewing this. He told us that he hoped that these restrictions could be removed however, if they were deemed in the person's best interest he told us he would make an application under the DoLS process. He told us the local authority were already aware of this situation and were part of the best interest decision making process regarding this person.

People were supported to have sufficient food and drink. They told us they liked the food and were supported to plan for meals, shop and prepare food. There was a menu of planned meals which was created by the people living at the home and staff each week. The staff told us this reflected individual choices and likes. The menu was varied and nutritionally balanced. The staff told us people were

Is the service effective?

involved in preparing meals, snacks and drinks. They said people were supported with food shopping. The kitchen was well stocked with fresh ingredients and meals were freshly prepared.

People's nutritional needs had been assessed and their weight was monitored and recorded each month. The food people ate was recorded each day and we saw that people ate a wide range of different foods.

People's health care needs were assessed, monitored and met. Care plans included information about their

individual health needs and the support they required. Daily care notes showed that staff monitored people's health and wellbeing. There was evidence of regular appointments with healthcare professionals. Information from appointments and directly from the healthcare professionals had been recorded in care files. The staff told us they sought advice from healthcare professionals whenever they needed to make sure they were giving the right support to each person.

Is the service caring?

Our findings

People told us they liked the staff. They said the staff were kind and caring. We observed interactions between the staff and people living at the home. These were friendly and respectful. The staff were polite, listened to the person and were kind and caring in their responses. People and staff knew each other well and had formed positive relationships. This was reflected in the way they spoke with each other and the relaxed atmosphere at the home. People shared jokes with staff and knew each other's likes and dislikes. People told us they got on well with others who lived at the home.

We observed the staff reassuring people when they became anxious and giving people clear answers when they wanted to know what was happening.

People's personal preferences, likes and dislikes were recorded in their care plans. There was information on

what made a "good day" and a "bad day" for each person. This was recorded so that the staff could make sure they offered support in a positive way which met the person's individual needs. People's wellbeing and happiness was recorded in daily care notes. The staff reviewed people's care each month, with the person. They recorded how they had felt and whether they wanted any changes to their lives, care or support. Each person was allocated a keyworker who offered additional support for people to plan and meet personal dreams and goals. People's progress on meeting these was recorded. People told us they had support from their keyworkers with different aspects of their lives, including personal shopping and planning activities.

People told us their privacy was respected. Everyone had their own bedroom and were able to close and lock their bedroom doors. We saw the staff offering people discreet support when they needed this.

Is the service responsive?

Our findings

People's needs were assessed and recorded. They told us their needs were met and they were happy with the support they received. People said they took part in a range of activities which they enjoyed.

We looked at the care records of three people who lived at the home. These included detailed care plans which outlined their physical, personal care, health, emotional and social needs. The care plans had been signed by the person and included information on the support they needed. Care plans had been regularly reviewed and people's aspirations had been recorded. Each month people met with their keyworker to discuss how their needs were being met and any changes in their care plan. The staff made daily records which showed how people had been supported and what they had done.

People took part in a range of individual activities. These included attending college, day centres and other community activities. Each person had a plan for the week which reflected their interests and wishes. The staff told us they supported people to use the community, to learn money handling skills and to develop other independent living skills. People were involved in preparing their own food and cleaning the house and their clothes. People's individual abilities were recorded and they were given different levels of support according to their needs.

There was an appropriate complaints procedure which was available in an easy read format. People told us they knew how to make a complaint and what to do if they were unhappy about anything. The staff told us they knew how to respond to complaints and record the action they took to investigate these.

Is the service well-led?

Our findings

People and staff told us there was a positive culture and atmosphere. They told us everyone was very supportive and got on well. There had been a period without a manager in post but people said that this had not affected the way the service ran and they felt it was a positive environment. The people living at the home had done so for many years and knew each other well. The staff told us there was a nice atmosphere where everyone supported each other.

There was no registered manager in post at the time of the inspection as the previous manager had left in 2014. The provider had employed a manager who had worked at the service for one month at the time of our inspection. They were an experienced care home manager and had a care management qualification. They told us they had been well supported by senior managers. They said they had received induction training. The manager told us he had created action plans to address some of the concerns identified by the provider's audit of the service. He showed us some of these and told us about the action he had taken. For example, he was promoting more involvement in the

running of the service from the people who lived there. He was also contacting family members, advocates and other stakeholders with a view to involving them more and finding out their views of the service.

The manager told us he was in the process for applying for his registration with the Care Quality Commission.

The provider carried out regular service audits. One of the senior support workers told us that they gathered information about different aspects of the service, including the environment, records, support of people who lived at the home and support of staff. She said that they had a checklist to work to. Information was shared with senior managers and action plans were created where there were identified problems.

The staff also carried out checks on health and safety, medicines management and food safety. These were recorded. We saw that the staff discussed any concerns through team meetings, daily handovers of information and through the use of a communication book. There was evidence that the staff shared their knowledge and supported each other to make sure the service was well run.