Parkcare Homes (No.2) Limited

The White House

Inspection report

39a Shaftesbury Avenue
Feltham
Middlesex
TW14 9LN

Tel: 02088903020
Website: www.craegmoor.co.uk

Date of inspection visit:
20 March 2017

Date of publication:
12 April 2017

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

Summary of findings

Overall summary

The inspection took place on 20 March 2017 and was unannounced. The service was last inspected on 24 March 2015 and at the time was found to be meeting the regulations we checked.

The White House provides residential care for up to six adults living with learning disabilities including autism. There were six people living at the service at the time of our inspection whose ages ranged between 43 and 61 years old.

There was a registered manager in post at the service at the time of our inspection. 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.

People told us they felt safe and we saw there were systems and processes in place to protect people from the risk of harm. There were enough staff on duty to meet people's needs and there were contingency plans in place in the event of staff shortage to ensure people's safety.

Staff had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). They ensured people were given choices and opportunities to make their own decisions.

There were arrangements in place for the management of people's medicines and staff had received training in the administration of medicines.

People's nutritional needs were met, and people were involved in weekly meetings with staff to choose what they wanted to eat and drink.

Staff received effective training, supervision and appraisal. The registered manager sought guidance and support from other healthcare professionals and attended workshops and conferences in order to keep themselves abreast of developments within the social care sector.
Staff were caring and treated people with dignity and respect. Support plans were clear and comprehensive and written in a way to address each person's individual needs, including what was important to them, and how they wanted their care to be provided.

A range of activities were provided both in the home and in the community. We saw that people were cared for in a way that took account of their diversity, values and human rights.

People, staff, relatives and healthcare professionals told us that the management team were approachable and supportive. There was a clear management structure, and they encouraged an open and transparent

culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service to ensure that areas for improvement were identified and addressed.

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 was safe.

Staff were aware of the risks to people's safety and supported them to manage those risks.

Staff were aware of safeguarding procedures and worked with the local authority's safeguarding team to investigate concerns raised.

There were enough staff available to provide timely support and ensure people's safety. Checks were carried out during the recruitment process to ensure only suitable staff were employed.

Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to care for people.

People had consented to their care and support. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005).

People were supported to make choices about the food they wished to eat and staff respected those choices. Staff all received food hygiene training and regular refreshers.

Staff supported people to access healthcare services and liaised closely with healthcare professionals.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the staff and the management team.

People and relatives said the staff were kind and caring. Staff were aware of people's preferences and interests and involved them in decisions about their care and support.

People's diversity, values and human rights were maintained. People were supported with their individual needs.

Is the service responsive?

Good

The service was responsive.

People's individual needs were met when their care and support was being assessed, planned and delivered.

People and their relatives were involved in planning and reviewing their care.

A range of activities were arranged that met people's interests both at the service and in the community.

There was a complaints policy and procedure in place. These were also available in an easy read format.

The service regularly conducted satisfaction questionnaires of staff, people, relatives and stakeholders. These were analysed in order to gain vital information about the quality of the service provided.

Is the service well-led?

Good

The service was well-led.

At the time of our inspection, the service employed a registered manager.

People and their relatives found the management team to be approachable and supportive.

There were regular meetings for staff and people using the service which encouraged openness and the sharing of information.

There were systems in place to assess and monitor the quality of the service.

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.

This inspection took place on 20 March 2017 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of working with people living with a learning disability.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications of significant events, safeguarding alerts and the findings of previous inspections.

During the inspection, we spoke with four people who used the service and three staff members, including the registered manager. We also obtained feedback by telephone from two relatives of people using the service.

We looked at the environment and observed how people were being cared for. We looked at records, including the care records for three people, three staff recruitment records, staff supervision and training records, medicines records and other records relating to the management of the service.

Following our visit, we emailed five external health and social care professionals and received feedback from two.

Good

Is the service safe?

Our findings

People we spoke with indicated they felt safe living at the service. Their comments included, "I like the White House. I feel safe here", "This is my home here", "Yes I feel safe here" and "The staff are kind." Relatives agreed and said, "[Person] is very happy there. He is safe and well looked after" and "If there are any issues they ring me in case of an emergency or email me."

People told us they would know who to contact if they had any concerns. Staff received training in safeguarding adults and the training records confirmed this. The service had a safeguarding policy and procedure in place and we saw this displayed on the notice board in communal areas. Staff were able to tell us what they would do if they suspected someone was being abused. Staff said they were familiar with and had access to the whistleblowing policy and we saw this displayed on the notice board.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of any allegations of abuse. The registered manager worked with the local authority safeguarding team and carried out any investigations. Management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing.

Where there were risks to people's safety and wellbeing, these had been assessed. Detailed person specific risk assessments and plans were available based on the individual risks that had been identified at the point of initial assessment. These were regularly reviewed and records updated as necessary. Identified risks were rated low, medium or high and included a description and control measures to mitigate the risks. For example a person had been identified at risk of financial abuse and was being supported by a staff member to go to the bank to withdraw funds. Money was kept in a safe in the office and finances were checked and balanced by two staff on a daily basis.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involved healthcare professionals when needed. All incidents and accidents were recorded and analysed by the registered manager and included an action plan and a post-incident report. We saw evidence that incidents and accidents were responded to appropriately.

The provider had a health and safety policy and procedures in place, and staff told us they were aware of these. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment identified the hazards, risks and what action was necessary to mitigate these. This included food handling, health and safety, infection control, medicines and risks of aggression and violence. Equipment was regularly checked to ensure it was safe to use, and arrangements were made to fix broken equipment. We saw that upstairs windows were fitted with window restrictors and these were regularly checked.

A fire risk assessment was in place and regularly reviewed. Staff carried out regular fire drills and were aware of the fire procedure. People had individual personal emergency evacuation plans (PEEPS). These took into

account each person's ability, their individual needs and the location of their bedroom. They also contained detailed instructions for staff to follow according to each person, such as 'The person dealing with the emergency must be firm with [person]'. This ensured that the provider had taken appropriate steps to protect people in the event of a fire.

We saw that food was stored appropriately in the fridge and that fridge and freezer temperatures were monitored daily. This indicated that people were protected from the risk of eating food unsafe for consumption. The service had received a food hygiene inspection recently and had achieved a five star rating.

Most people were happy with the staffing levels. One person said "Yes, enough staff." However, relatives expressed some concern about the fast changeover of staff and said, "Staff change regularly", "We don't know the characters of the new staff." Nevertheless, one relative thought that these staff members were very good and added, "Staff know his triggering point." One staff member told us, "We need to make sure we always have enough staff on duty. We have a person on a one-to-one at the moment." On the day of our inspection, there were sufficient staff on duty to care and support people. We looked at the staffing rota for two weeks which showed that all shifts had been covered to ensure that care and support was maintained. The registered manager told us that they occasionally required the use of agency staff, especially because one person using the service was receiving one to one support. The registered manager also explained that the staffing levels were adjusted according to people's changing needs.

Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring Disclosure and Barring Service (DBS) criminal records checks were completed.

Staff supported people with administering their prescribed medicines. We saw the medicines administration records (MAR) charts for all the people who used the service which had been completed over several weeks. These had been completed appropriately and showed no gaps in signing. Most medicines were provided in blister packs, and others were supplied in boxes or sachets. We checked the boxed medicines for two people who used the service and saw that the amount given corresponded to the signatures on the MAR charts, indicating that people had received their medicines appropriately.

Staff were clear about only administering medicines that were recorded on the medicines administration records. Medicines risk assessments were in place and were reviewed to ensure they were accurate. Training records showed that staff had received training in medicines administration, received yearly refresher training and had their competencies regularly assessed. The senior staff carried out regular audits of medicines and these were reviewed by the registered manager. This meant people were protected from the risk of not receiving their medicines as prescribed.

Good

Is the service effective?

Our findings

People were supported by staff who had appropriate skills and experience. All staff were subject to an induction process that included online and classroom based training, including safeguarding vulnerable adults, health and safety, first aid, medicines administration, food hygiene and infection control. They also undertook training specific to the needs of the people who used the service which included Mental Capacity Act (MCA), epilepsy, autism, learning disabilities, managing challenging behaviour and positive behaviour support. One newly recruited staff member told us, "I shadowed for two weeks, and completed the Care Certificate training, fire marshal, mental capacity act and safeguarding. I get a lot of support from staff."

The provider had put in place a health and safety induction program for agency workers. This included fire safety, use of equipment, infection control and moving and handling. This meant that agency workers were valued and included to ensure they delivered good support and met the needs of people who used the service.

Staff had obtained a National Vocational Qualification (NVQ) in care at level 2 or 3 and the provider had introduced the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training records confirmed that staff training was delivered regularly and refreshed annually. This meant that staff employed by the service were sufficiently trained and qualified to deliver care to the expected standard.

Staff told us and we saw evidence that they received regular supervision from the registered manager. One staff member who had been working at the service for four months told us, "I have already had two supervisions with my manager. If I have an issue, I can always discuss it, but I do that on a daily basis anyway" and another said, "[Manager] always listens if we have concerns. We have supervision." Staff also received a yearly appraisal. This enabled staff and their line manager to reflect on their performance and to identify any training needs or career aspirations.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People told us that the food was good. Their comments included, "I like my spaghetti bolognese with garlic, carrots and onions", "The food is nice", "We get choice all the time. We get squash to keep us healthy", "Yes we get enough. We have drinks like juice, coffee, tea and drinking chocolate. I can choose every day" and "If there is something I don't like on the menu, they would do something else if they have it." People were supported to participate in food preparation and one person told us they 'loved preparing dinner, especially peeling vegetables'. People told us that menus were decided during 'Weekly menu choice' meetings. These meetings also included discussions about healthy eating and hydration. Relatives told us the staff encouraged people to help themselves to food and drink and be as independent as possible. Their comments included, "They send him out for fish and chips. They are flexible as my [family member] changes his mind. He was hungry at one point but that was because he had expectations for set meals at his previous placement. Now he knows he can make himself a sandwich" and "He has never complained."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. The provider had identified two people as lacking capacity and had taken appropriate action to make sure any restrictions were in the person's best interest and were authorised by the local authority as the Supervisory Body. This included one person who needed to be accompanied by a member of staff at all times when out in the community.

Staff told us that they encouraged people to be as independent as they could be. People confirmed that staff gave them the chance to make daily choices. One person had an advocate and was able to make appointments with them whenever they wanted. Staff had training in the Mental Capacity Act (MCA) 2005 and showed a good understanding of its principles. One staff member told us, "If I noticed a person's capacity deteriorating, I would tell my manager, and there would be several assessments. I've taken part in those meetings, so I understand the process now." We saw evidence of best interest meetings in the care records we checked. We saw that people were consulted and consent was obtained. People had signed the records themselves indicating their consent to the care being provided.

People told us that the service was responsive to their health needs. Their comments included, "Sometimes I see the dentist. My teeth have been tested once already", "I like Dr [name]. He is so nice. I always see him. He comes here sometimes", "In October, I go to the optician" and "I used to see an optician because of my blurred vision. I have reading glasses for small print." Staff supported people to attend appointments and recorded the outcome of these in people's care records. This included details of any advice and instructions from healthcare professionals. For example, one record stated, 'Doctor advised [person] to take deep breaths whenever he feels bad'. Support plans contained individual health action plans. These detailed people's health needs and included information about their medical conditions, mental health, dental, medicines and general information. This indicated that the service was meeting people's needs effectively.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received. Their comments included, "The staff are kind and friendly, and show respect", "The staff are kind. They help me. They knock at the door", "The staff are excellent", "Yes, staff respect my [family member]'s wish of not always having to rely on a carer. Building a relationship is important" and "My [family member] reports in a positive way about the staff." A healthcare professional told us, "I have found the staff positive and engaging. I have not had any concerns about the level of service offered."

The staff and registered manager spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their rights and their diverse needs. We observed on the day of our inspection that people were treated with care and respect.

Staff told us they ensured that people's diversity, values and human rights were respected. Throughout our inspection, we saw staff knocking on people's doors and only entering when given permission. When asked how their privacy was respected, people's comments included, "I have a shower. I wash myself. I shave myself. No-one comes in", "Our doors are closed all the time. We go to our rooms when we want. We go to the toilet, kitchen etc." Relatives told us that they were able to visit whenever they wanted and always felt welcome.

People told us that they liked their bedrooms and enjoyed showing us the various items they liked to collect. We saw that they had been able to choose how they personalised their own space, for example the colour of their walls, flooring and the fabric of their curtains. Staff told us they respected people's choice and supported them to maintain their rooms.

Good

Is the service responsive?

Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing the person's needs. People were referred from the local authority and the provider had obtained relevant information from them. This included a 'Life story sketch'. This gave staff background information about the person, their family and their likes and dislikes and helped them understand each person and their individual needs. Healthcare professionals told us that the staff team provided a service which met people's individual needs.

The support plans we viewed were comprehensive and contained detailed information about each person's care and support needs and how to meet them. Each person's support plan was based on their needs, abilities, likes, dislikes and preferences. Support plan contained a 'Personal profile' which was written from the person's perspective and included details about every aspect of the person's life, such as communication needs, family and friends, health and medication, hobbies and interests, nutrition and key skills. A one page profile provided a snap shot of the person and included 'What people like and admire about me', 'What's important to me' and 'How best to support me'. One comment stated, 'Treat me as an adult and explain what you are writing about me'. Support plans were reviewed six monthly and evaluated every month or more often if necessary. We saw that records were signed by people, which meant that they had understood and agreed what had been recorded.

Staff encouraged and supported people to undertake activities of interest to them. All the people living at the service attended a day centre regularly and those we spoke with told us they enjoyed this and looked forward to going. In addition, there was a range of activities on offer at the service which had been developed from people's meetings. Each person had their own activity plan which had been devised with their keyworker according to their choices and interests. We saw evidence that tickets had been booked for a person who wished to go to a football match. People told us they enjoyed the activities on offer at the service. Their comments included, "I go to the day centre. I do gardening there. I go bowling. I go for a walk in the morning or the afternoon" and "I go travelling to Slough, Kingston and Uxbridge with a carer. We walk around the shops and hope to see my friends from the centre." One person told us they were going to Paris for a holiday this summer. Other activities included visits to London and museums, cinema, lunch out, watch TV and listen to the radio, puzzles and colouring.

Staff were creative with the activities on offer. For example, they had recognised that drawing had a calming effect on a person who suffered with anxiety and depression, and this activity was encouraged to help reduce the person's anxiety level. This showed that staff were responsive to people's individual needs.

Staff used a 'Communication dictionary' to support people who had difficulty communicating with words or who had a limited vocabulary. These were personalised to each individual and included, 'How I indicate that I am bored: I stay in my room most of the time and make no effort to communicate with others'.

People's support plans included a 'My goals and aspirations' section. We saw that one person's goal was to

become healthier and lose weight, and an action plan was in place to support them with this. This included introducing more fruit and vegetables and avoiding sugary foods.

The service had a complaints policy and procedure in place and this was displayed in the service. A pictorial version was also available for people who used the service. The provider had not received any complaints but assured us they would address any complaints according to their policy and procedures. People told us they would complain to staff if they had a problem. Relatives were clear about what they would do if they had a complaint. Their comments included, "I'd raise the concern with the care manager first. I'd go on the website for the governing body and regulators and report it to them next" and "We'd ask the problem to be investigated and to be sorted out with the manager."

People were supported to feedback about the service through meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether their needs were being met. It also included questions about the quality of the food, the environment and social needs. We saw that the results were analysed and the result showed an overall satisfaction. Relatives, staff and stakeholders were also consulted and the results showed that they were satisfied with the service. Where concerns were identified, we saw that the provider put in place an action plan to make improvements. For example, 'Motivate staff through supervisions' and 'Have an open door culture and permit staff to ask questions anytime'. Comments we saw from relatives included, 'Staff are always friendly and warm towards me when I visit and call', 'They are kind and considerate of [person]'s needs and demands' and 'Good communication'.

Good

Is the service well-led?

Our findings

People and relatives were complimentary about the registered manager and the senior team and told us they were approachable. Their comments included, "He's alright. He chats to me. I go to chat to him in the office", "[Senior staff] is a top man", "Sometimes the manager asks me what's been going on and if I'm happy", "The manager is very good. He seems to care and take a lot of time. There was a funding meeting with the NHS and social services recently. It was done in depth and went on for two, three hours. When I ring, they sort things out" and "[Senior staff] knows my [family member] very well. They prepare his clothes for the weekend."

Staff told us they felt supported by the registered manager. Their comments included, "The manager is always happy to sit with me and give me advice", "The manager is alright. He supports us" and "He has given us training like 'positive behaviour support'. That helps us." The registered manager told us that they were always available to staff and people who used the service and said, "It's open house. Staff, residents, they can all come in and chat. I can turn my chair or stand up any time."

The registered manager had been in post for almost two years. They were supported by an established senior team in running the service. The staff we spoke with said they enjoyed working at the service and believed in providing good quality care and support to people. They told us they were keen to promote people's independence and supported them to take part in activities of their choice. The registered manager aimed to empower and support people who used the service to take ownership of their own needs.

The registered manager held a recognised qualification in Health and Social Care at level four, and had experience in working with people with learning disabilities including autism. They undertook regular training to keep their skills and knowledge updated and we saw certificates to confirm this. Training included fire marshal, medicines and first aid. They were also a qualified 'Train the trainer' in safeguarding adults and the Mental Capacity Act (MCA). One staff member told us, "The manager has done 'train the trainer' training which helps train us in house."

The registered manager attended regular provider forums, conferences and seminars to keep them abreast of developments within the social care sector, such as Skills for Care events and CQC seminars for registered managers.

The registered manager told us they were supported by the provider, and received regular supervision from them. The provider also conducted regular quality visits of the service and liaised with the registered manager where improvements were needed.

The registered manager had put in place a number of different types of audits to review the quality of the care provided, ensure good practice and identify improvements. These included medicines audits, environmental checks, health and safety checks and care records. Audits were evaluated and when necessary, actions plans were put in place to make improvements in the service. Records were kept of safeguarding concerns, accidents and incidents. We viewed a range of audits which indicated they were

thorough and regular.

The registered manager undertook regular 'out of hours' visits and kept a record of these. Visits were carried out late at night or very early in the morning. During these, the registered manager checked if the building was secure, if the door was answered promptly, if the staff member on duty was able to demonstrate the fire procedure and the procedure for reporting accidents or injuries whilst on shift. Any concerns identified were addressed with relevant staff and discussed in meetings.

Staff told us they had monthly team meetings and records confirmed this. The items discussed included people's needs, safeguarding, health and safety, keyworking, medicines and the Care Quality Commission's (CQC) fundamental standards. Outcomes of incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Staff meeting minutes confirmed this.

People were involved in 'Your voice, your life' meetings. The provider circulated the meeting rules in an easy-read format prior to the meetings. Meetings included discussions about activities people were interested in, any new choice of food and safeguarding. People were also asked if they had any concerns. We saw evidence that people were consulted and involved in the environment, including the décor of their bedrooms and communal areas. For example, one person had chosen the colour scheme of the dining room and lounge.