

# 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 ●

# Summary of findings

## Overall summary

### About the service

The White House provides residential care for up to six people living with a learning disability including autism. There were six people using the service at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

### People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were responsive to people's individual needs and knew them well. They supported each person by

spending time with them and listening to them. They ensured that each person felt included and valued as an individual. People were engaged in meaningful activities of their choice. They were consulted about what they wanted to do and were listened to.

People who used the service and their relatives were happy with the service they received. Their needs were met in a personalised way and they had been involved in planning and reviewing their care. People said the staff were kind, caring and respectful and they had developed good relationships with them.

The provider worked closely with other professionals to make sure people had access to health care services. People received their medicines safely and as prescribed. People's nutritional needs were assessed and met.

People's needs were assessed before they started using the service and care plans were developed from initial assessments. People and those important to them were involved in reviewing care plans. Risks to their safety and wellbeing were appropriately assessed and mitigated. There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements.

Staff were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 13 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The White House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The White House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and two support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We emailed two healthcare professionals involved with the service but did not receive a reply.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at The White House. Their comments included, "I feel safe here, everything is alright" and "I am happy here. I don't want to go anywhere else." One relative stated, "[Family member] is safe and well cared for. I have no concerns whatsoever."
- The provider had a safeguarding policy and procedure, and staff were aware of these. The registered manager referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns. There were no safeguarding concerns at the time of our inspection.

Assessing risk, safety monitoring and management

- Where there were risks to people's safety and wellbeing, these had been assessed. Risk assessments were clear and detailed. Risk levels were calculated using the likelihood and consequence level to determine whether the risk was low, medium or high. Control measures were recorded and action plans were in place to reduce each risk.
- Risks assessed included environmental risks and individual risks the person may face, for example, specific activities such as going out, washing, using transport and crossing a road. They also included risks such as health issues, medicines and mobility.
- People had Personal Emergency Evacuation Plans in place which were regularly reviewed. These considered each person's ability and how staff were to support them to safely evacuate the building should there be a fire.
- There were regular health and safety checks which included gas and electricity, water systems, and equipment such as fire extinguishers and fire doors. All fire checks were undertaken, and included fire drills, and weekly tests of fire alarms and equipment. There was an up to date fire risk assessment in place. Where some areas of concerns had been identified, the provider had put in place an action plan and all actions had been taken and completed. These included additional training for staff, the removal of a defective iron and a door-guard fitted to the kitchen door.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. The number of staff on duty varied according to people's daily needs. For example, there were additional staff on duty when people were home and not attending day centres. The provider had recruited bank staff to help ensure there were staff available to cover at short notice.
- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. Following successful recruitment, the staff underwent

training and were assessed as part of an induction, before they were able to work independently.

#### Using medicines safely

- People received their medicines safely and as prescribed. There were procedures for the safe handling of medicines. All staff had received training in these and the registered manager regularly assessed their skills and competencies to manage medicines in a safe way.
- People's medicines were recorded on medicines administration record (MAR) charts. These were signed appropriately by staff to indicate people had received their medicines as prescribed. We checked stocks of people's medicines and found these to correspond with the signatures on the MAR charts.
- Medicines were kept in a clean and well-ventilated room. Staff recorded the temperatures of the room and medicines cabinet, and these were within a safe range.
- Where people were prescribed 'as required' medicines, there were protocols in place and these were followed by staff to help ensure people received these medicines as needed. People's medicines were reviewed by the GP and relevant healthcare professionals to ensure these were appropriate to their needs. A relative told us, "[Family member's] medication is down to a minimum, it's brilliant."

#### Preventing and controlling infection

- All staff received training in infection control and staff had access to personal protective equipment such as gloves and aprons. The staff on duty carried out daily cleaning of the home and all areas of the home were clean and hygienic on the day of our visit.
- The service had been visited by the Food Standards Agency and had achieved the highest rating. Staff had received food hygiene training.
- The fridge and freezer temperatures were taken daily, and we saw these were within a safe range. Food was stored appropriately and labelled with the date of opening. There were regular checks of the kitchen safety.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. The registered manager told us, "As a company, we have a 'lessons learnt' process led by the head of quality. We are encouraged to speak with staff when something goes wrong, so we learn from it, move on and get better."
- Incidents and accidents were recorded. We saw these included a description of the incident, what action was taken and how to prevent reoccurrence. For example, when a person who used the service had self-harmed, the registered manager took appropriate action and made a referral to the relevant healthcare professional. We saw that a behaviour support plan was in place for the person, to help staff identify when they may be becoming upset and know how to respond to this.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs prior to them moving in to the service. They received assessments from the local authority who provided funding for people's care, but felt it was important to conduct their own assessments to help ensure they could meet people's needs according to their wishes and preferences.
- Initial assessments were detailed and included all aspects of people's care according to their choices and wishes. These were used to write people's care and support plans.

Staff support: induction, training, skills and experience

- Staff received a thorough induction before they were able to deliver care and support to people who used the service. Induction included fire safety procedures, health and safety regulations, infection control and accident reporting. New staff were supported to undertake the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- New staff received regular performance reviews to help ensure they were suitable for the job and were enjoying it. This was followed by a probation reviews to determine if the staff member had completed this successfully and if there were any concerns.
- Staff told us they received regular supervision where they could raise any concerns. One staff member stated, "I get monthly supervision, we discuss with [the registered manager] any issues. We have daily handover. Every is fine."
- People who used the service were supported by staff who were well trained. The registered manager showed us the training matrix which indicated all staff were receiving regular training. In addition to the mandatory training, staff received training specific to the needs of the people who used the service, such as equality and diversity, introduction to mental health, managing challenging behaviour and person-centred support.

Supporting people to eat and drink enough to maintain a balanced diet

- People said they liked the food they were offered and had a choice of meals. One person told us, "I like fish and chips or burgers, sausage and mash."
- Staff met with people every Sunday to discuss their meal choices for the week. Menus were displayed in the kitchen. The registered manager told us, "They have a roast on a Sunday as they like the traditional meals. Most people don't have any interest in cooking, so staff usually make the meals. They do make cakes

from time to time though."

- People's nutritional needs were recorded in their care plans. Where people had specific needs, we saw evidence these were met in line with their care plans. For example, one person had support from the dietitian because of weight issues. Another person who was intolerant to cow's milk was provided with an alternative. There were guidelines for staff where a person was prescribed Warfarin (a medicine to thin the blood), and therefore should avoid green leafy vegetables, and some fruits which could affect the effectiveness of the medicine.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed, recorded and met. People had access to healthcare professionals such as doctors, nurses, mental health professionals and dieticians and staff supported them to attend appointments where needed.
- Appointments were recorded and included the reason for the appointment, the outcome, and if a follow-up appointment was needed. We saw people attended regular dental appointments and were encouraged to maintain good oral hygiene.
- The registered manager told us they had good working relationships with healthcare professionals who were involved in people's care. They stated, "We work with Mencap, very good relationship with them, community nurses come in every two weeks, speech and language therapy team and the behaviour support analyst who has worked with some of the people over time. One of them will be coming to speak with staff shortly to support them with strategies to deal with possible behaviour issues."

Adapting service, design, decoration to meet people's needs

- Overall the home was clean and tidy. Bedrooms and communal rooms were large and light. However, the décor was tired in places and in need of redecoration. The registered manager had taken steps to improve this. For example, new carpets had recently been laid. The registered manager told us they intended to continue to improve all areas of the home.
- People's bedrooms were homely and had been personalised to reflect their tastes and interests. One person proudly showed us their bedroom and certificates on display which they had been rewarded at college.

Ensuring consent to care and treatment in line with law and guidance

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 interests 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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's mental capacity was assessed before they began to use the service, and we saw evidence of mental capacity assessments in people's files. The provider understood their responsibilities under the MCA. Where necessary, they had made applications to the local authority for authorisations to deprive people of their liberty in order to keep them safe.
- People were consulted in all aspects of their life and consent was obtained before providing care and support. Where possible, people signed their records to show they had been consulted and agreed with these.
- Staff told us they gave people choice in all aspects of their daily life. One staff member stated, "Everyone has different needs. We give them choice. We ask them daily what they want to do. If they want to go out, go bowling. Today, I have asked [Person] and [they] did not want to go out. Most want to go to the day centre. It's their choice."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff treated them kindly and respectfully. One person told us, "They treat me kindly. I talk to them, shake hand with them" and another said, "I am happy here. They are kind. I laugh and giggle all the time." Relatives agreed and said, "The staff are very caring" and "I think it's really good, my [family member] is well looked after, very well supported."
- Relatives told us they believed the staff's patience and support had made a positive impact of their family members' quality of life and wellbeing. One relative stated, "My [family member] had problems in another service, out of control. At the White house, they have done a great job. They listen to me, they call me I feel involved in the care. [Family member] has improved a lot."
- People's cultural and religious needs were assessed and recorded in their care plans. The registered manager had put in place 'Equality and human rights profiles' for each person who used the service. These considered people's characteristics and included detailed information for staff to help ensure they met people's equality needs, supported them to exercise their rights and choices and maintained their human rights. For example, their right to vote.

Supporting people to express their views and be involved in making decisions about their care

- People used to take part in 'Your voice' meetings, however, the registered manager told us people were not really interested in these. They said, "They come to see me, and we talk on a one-to-one basis. I listen to them. It's about teasing out their likes and dislikes through conversations with them. It's about getting people to open up about what they like. How they want things."
- The registered manager told us through one-to-one conversation, they found out a person who used the service used to like swimming but did not swim anymore. They told us, "I am speaking with [Person] to see if it is something [they] would like to take on again." They also told us they had found another person who liked to go to the library to get books and was supporting them to do this.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy, dignity and independence. We saw evidence of this on the day of our inspection. For example, staff knocked on people's doors before entering, and supported them to undertake activities of their choice throughout the day.
- People were supported to be as independent as they could be and were encouraged to help with daily domestic tasks. One person told us, "I do the hoovering and take the washing down."

One person was supported to manage their finances, including withdrawing their own money from a cashpoint. Another person was supported to manage their own medicines and personal care.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were clear and contained the necessary information for staff to know how to meet people's individual needs. Staff aimed to support people to remain as independent as possible and get involved in all areas of their lives. Care plans were person-centred and included information on how people wanted to be supported. For example, the care plan for a person who had a skin condition reminded staff to ask them if they wanted to have a cold flannel applied before their cream. It also provided guidelines about how to apply the cream.
- People's interests and hobbies were recorded in their care plans and included guidelines for staff to help ensure people were supported to undertake activities of their choice. For example, one person had been supported to go to the theatre to watch shows of their choice and was supported to go shopping and eat out.
- In addition to their care plan, where people had specific healthcare needs, a support plan was put in place. For example, one person had epilepsy. We saw their support plan was detailed and included their current medicines, possible triggers, how to recognise signs and symptoms and what support the person required in the event they had a seizure.
- People's care plans included a one-page profile which contained 'what is important to me', 'what people like and admire about me' and 'how best to support me'. People's preferences were recorded, for example, 'I like staff to involve me in making decisions about my life' and 'I like to watch game shows on the TV'. People had 'hospital passports' in place. These contained relevant information about the person, so staff would know how to support them if they were admitted to hospital.
- The provider had introduced a 'knowing our service users' form, which contained a range of questions to establish how well staff knew the people they supported. Questions included, 'How does the person communicate?', 'What foods does the person like?' and 'What support the person needs to access the community?'

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in their care plan, so staff would know how to communicate with the person. For example, one person had dysphasia. This meant the person had

difficulties to express themselves and forming sentences. Their care plan stated for staff to 'Be patient and allow time for person to speak.'

- Some documents such as the complaints procedure were available in an easy-read format to help ensure people would understand information. However, care plans were not in this format. We discussed this with the registered manager who told us they were planning on improving this by making care plans more person-centred and pictorial.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to undertake activities of their choice and access places of interests. For example, some people attended a day centre and others attended college.
- People had personal activity planners, which stated how they wanted to spend their days. Most people were out at the day centre where they socialised with others and took part in activities. However, we saw one person who stayed at home enjoying a range of activities of their choice, such as puzzles and colouring with staff. Staff sat with them and communicated in a clear and gentle way. People were supported to go on holidays of their choice each year and told us they enjoyed these.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures in place and these were available in an easy-read format. The provider took complaints seriously and we saw evidence where a complaint was made they had investigated this and addressed this to the satisfaction of the complainant.
- The provider told us they received a range of compliments from people, relatives and visitors but most were verbal and had not been recorded. They were thinking of putting a suggestion box in the entrance hall for visitors to post their comments through.

End of life care and support

- People's care plans did not include information about their end of life wishes. The registered manager told us one person who used the service had discussed their end of life plan and had stated their preferences, and this was due to be added to their care plan. However, the registered manager acknowledged there needed to be a designated section about this in their care plan.
- Some staff had access e-learning in end of life care. However, the registered manager told us, "There is training available, but we have not yet accessed it." They added they would ensure all staff access this training in November. Following the inspection, the registered manager sent us evidence they had booked this training.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People who used the service were complimentary about the staff team and the registered manager. One person told us, "[Registered manager] is good, and [Support worker]. They help cook the food. I like the holidays. I am happy here." Relatives agreed and commented, "I can only praise the staff in the house. They talk to me" and another said, "I think they are really good, my [family member] is well looked after, very well supported. [The staff] meet [their] needs. I have never had any concerns at all."
- Staff told us they felt supported and listened to by the registered manager. Their comments included, "The manager is very helpful. I feel supported" and "Absolutely fantastic. Very understanding manager, we learn from problems and sort it out. [They are] a good manager."
- The registered manager had been in post since June 2018, and stated they were happy in their role. They told us, "I love it, it's a beautiful place'. I feel like I have been here ages. I have made some improvements to the service users' files. I like them to reflect the people's needs, they are unique in their own way."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was transparent and told us they understood how important it was to be honest and open when mistakes are made, or incidents happen. They told us they ensured they shared this information as necessary and apologised.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider has systems in place for monitoring the quality of the service. Audit tools were in place and used appropriately. The registered manager undertook audits regularly and these were thorough. Where concerns were identified, there was evidence prompt action was taken to make the necessary improvements.
- The registered manager conducted regular quality checks of the building to help ensure all areas of the home were safe and staff were meeting people's needs. They also undertook unannounced night inspections, to monitor if people's needs were met during the night as expected. We saw they had not identified any concerns during these checks.



Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were consulted about their views of the care they received via quality questionnaires. These were provided in an easy read format. The completed surveys were analysed and an action plan was put in place to address any concerns this identified.
- We viewed the last surveys and saw people were happy with the service and the care they received. Their comments included, "The staff are kind and helpful", "That is a nice place to live", and "You can talk to your keyworker or the manager if you would like to change your bedroom. You can choose how you would like it decorated."
- People had the chance to discuss their care and support during meetings with their keyworker. A key worker is a member of staff who has responsibility for overseeing and coordinating the assessment and care planning process of specific people who use the service and to promote continuity of care.
- The provider conducted a yearly 'employee engagement survey'. We saw the registered manager had achieved a score of 100% which had exceeded the company's average of 76%. They had received a letter of congratulations from the chief operating officer praising them for the exceptional support and leadership they had provided to their staff. They had also received a card to congratulate the whole team.

Continuous learning and improving care

- The registered manager kept abreast of developments within the social care sector and was always striving to improve their knowledge and skills. They had just started studying for a management qualification. They told us, "I subscribe to newsletters and magazines, I get the CQC updates and newsletters. I remain abreast of stuff. We have our own intranet so I learn from that. I involve the staff with everything relevant too. I have attended provider forums."
- The registered manager stated they felt supported by their line manager and said, "[Line manager] is very good, and has a strong commitment to personal development." They added, "We have operational directors and a chief operating director. [They] come from a healthcare background and [are] very supportive. [They] champion things [they] want us to work on, like culture, reminding staff how they speak to people, the ethos within the home etc." These conversations and themes fed into monthly staff meetings.

Working in partnership with others

- There were regular staff meetings which were recorded. Discussions included people who used the service, audits and action plans, staff updates, policies and the environment. Actions from previous meetings were reviewed to ensure these were completed, and further actions for improvement were decided at the end of each meeting.
- There were regular managers' meetings which the registered manager told us were useful. They said, "We have a managers' meetings, we have conference calls where we talk about specific issues."