

Community Homes of Intensive Care and Education Limited

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

- White House is a residential care home providing personal care for up to nine people with learning disabilities.
- At the time of the inspection it was providing a service to nine people.
- White House is a large, detached house located near the village of Datchet, just four miles east of Slough town centre. It comprises two single bedrooms on the ground floor and five single bedrooms on the first floor, with communal bathrooms. The building also contains a large lounge and a dining area leading to the kitchen, and a laundry area. Patio doors lead from the dining room to spacious gardens, where there is also a summer house. An annex building provides fully self-contained accommodation for two further adults.

People's experience of using this service:

- The service responded and went the extra mile to address people's needs in relation to protected equality characteristics. For example, the service took extra steps to accommodate religious and cultural needs people living at White House.
- The service understood the needs of different people and groups of people, and delivered care and support in a way that met these needs and promoted equality.
- The service took innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard.
- People received individual, tailored care and support which led to exceptional outcomes. Care and support met people's needs, and reflected their diversity, preferences and choices. Feedback from people and their family carers always reflected very responsive care and support.
- People were safe and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support people safely. People received their medicines as prescribed. Staff followed infection control guidance and had access to personal protective equipment.
- Staff had the skills and knowledge to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's nutritional needs were met and they received enough to eat and drink to ensure they had a healthy diet. People accessed health care when needed.
- People received care and support in a caring environment which promoted their privacy, dignity and independence. The provider took steps to make sure people could be involved in decisions about their care and support.
- People's support needs were assessed regularly and planned to ensure they received the assistance they needed. People's support was individualised. People were supported to take part in a range of activities. People's interests, preferences, likes and dislikes were known to staff. The provider had a complaint process which people were aware of and were able to voice any concerns.
- The provider had systems in place to investigate and monitor accidents and incidents. The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts. The registered manager sought and shared knowledge and ideas, which contributed to improving the service and ensuring up-to-date best practice was followed.

Rating at last inspection: Rated Good overall (last report published 16/12/2016).

Why we inspected: This was a planned inspection to check that this service remained Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

Outstanding ☆

The service was exceptionally 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.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by 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.

Service and service type:

White House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The 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 was an unannounced inspection.

What we did:

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. The provider returned the PIR and we took this into account when we made the judgements in this report.

We also looked at other information we held about the service, including any statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with four people and three relatives to obtain their views about the support they received. We spoke with four staff members and the registered manager who was available throughout the inspection.

We observed the care interactions and reviewed care records for four people who used the service and three staff files. We looked at recruitment and training records. We looked at records regarding medicines administration and we acquainted ourselves with a range of records relating to the running of the service. These included incident and accident monitoring, auditing systems and complaints.

After the inspection we contacted two more relatives of people to obtain their view on quality of care provided by the service.

Is the service safe?

Our findings

Our findings - Is the service safe? = Good

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive training in these areas. Staff demonstrated a good awareness of safeguarding procedures and knew whom to inform if they witnessed or had an allegation of abuse reported to them. A member of staff told us, "I would report any case of abuse to my manager. If they did not act upon my concerns, I would report this to the head office or the local safeguarding team".
- People and their relatives told us they felt safe using the service. One person said, "Yes, I feel safe". Another person used their non-verbal communication technique to indicate they felt safe. One person's relative told us, "They take good care of [person]".
- The registered manager had implemented a system to analyse data on accidents and incidents which was able to identify any patterns or trends. With patterns and trends identified, accidents and incidents could be prevented from recurrence. For example, a person was referred to health care professionals as it was indicated by the system, which resulted in fewer incidents.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Risk assessments were personalised and regularly reviewed. They referred to areas such as environment, personal care, medication, diet and accessing community.
- Risks associated with specific health conditions had been assessed. People had detailed risk management plans for conditions such as epilepsy. Records described the type of seizures people had and explained how to support the person when they needed emergency assistance.
- Records confirmed health and safety checks were completed, which included fire drills, water temperature checks, oil safety, fire equipment and portable appliance testing.
- Personal emergency evacuation plans (PEEPS) provided assurance that people would receive the appropriate level of support in an emergency to keep them safe.

Staffing and recruitment

- The provider ensured sufficient, suitable and safe staff were recruited to support people. Staff rotas and recruitment records confirmed this. Staff files contained application forms, interview notes, proof of identity and the right to work in the UK, references and criminal records checks.
- There were enough staff to meet people's needs. Staff could assist people to engage in activities that were meaningful to them and respond immediately if a person started to become agitated or anxious.

Using medicines safely

- We observed medicines being administered safely on the day of inspection. Staff told us and records confirmed they received regular competency checks to identify whether they were administering medicines safely.
- The provider had systems in place to ensure medicine was administered safely. Medication Administration Records (MARS) were completed to record what medication had been given. We sampled MARS on the day of inspection that were completed correctly.

Preventing and controlling infection

- Staff were trained in infection prevention and control, and followed safe infection control procedures to ensure people were safeguarded from the risk of infection.
- We saw staff using personal protective equipment and observed that this equipment was readily available to them.

Learning lessons when things go wrong

- The staff team were keen to develop their skills and learn from events. There were ongoing systems in place to monitor the service and learn from incidents and accidents. The registered manager sought advice from others appropriately and acted on any incidents to take preventative actions to minimise future risks.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- DoLS applications for authorisation of restriction of people's liberty were completed by the registered manager, and renewals submitted to the local authorities as needed.
- Staff understood the importance of supporting people in making their own decisions as much as possible. A member of staff told us, "People have always capacity until proven otherwise".
- Mental capacity assessments had been completed for people who lacked capacity to make certain decisions.
- We observed staff asking for people's consent before they provided care. For example, one staff member asked, "Can I help you to put the CD music on?"

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

- The provider carried out an initial assessment and regular care reviews to make sure they were able support people in the way they wanted to be supported. We observed that people and families were involved in care planning as much as possible, and care planning documentation was produced in an easy-to-read format to help people understand the information.
- People's equality and diversity needs were identified within the care plan and staff received training in equality and diversity to be able to meet people's individual and diverse needs.
- The provider took national standards and good practice guidance into account when assessing and planning people's care and support.

Staff support: induction, training, skills and experience

- There was a thorough induction for new members of staff. This included shadowing more experienced

staff, supervision and training. This prepared new staff to meet people's needs and understand them. A member of staff told us, "My induction was really good. It helped me to understand more people living here, their needs. Shadowing more experienced members of staff helps you to get to know service users, they get used to you, the do not get frustrated if you do anything wrong".

- The Care Certificate standards were included in the induction process. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff told us they had received training which enabled them to provide care and support in line with best practice.
- People and their relatives told us that staff were well trained and knowledgeable. One person told us, "I like the people who work here. They know how to make me happy".
- Records showed staff were provided with regular supervision and an annual appraisal to enable them to do their job effectively.

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

- People's dietary needs were recorded in their care plans along with any associated risks and instructions for staff to meet those needs safely.
- Menus took into account choices and preferences arising from people's religious or cultural background.
- People could eat and drink as they wished and were encouraged to maintain a healthy and balanced diet that was suitable for their individual dietary needs and preferences.

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

- People were supported by key workers. Key workers are staff dedicated to assist a particular individual whom they know well.
- People had access to a variety of healthcare specialists. Records confirmed people had had appointments with a GP, a speech and language therapist (SALT) team, a dietitian, a psychologist, an occupational therapist and a dentist.
- Staff we spoke with were knowledgeable about people's ongoing health issues, especially their learning disability diagnoses and individual personalities.

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

- The home's design and decoration met people's individual needs. During the inspection, we observed people accessing their bedrooms, the garden and other communal areas with ease and comfort.
- The provider was in process of developing a sensory room where people could relax and improve their wellbeing.

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

Good: 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 and their relatives told us they liked the service and they found staff caring and helpful. One person told us, "I like people who work here". One person's relative told us, "[Person] is happy there. [Person] loves White House, they are very good".
- During the inspection, we observed meaningful interactions between people and staff. Staff were sensitive to people's needs, listened to them patiently and supported them with compassion. The home had a pleasant and warm atmosphere.
- Staff told us they respected people's differences and provided them with person-centred care that reflected their protected characteristics. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are. People's care plans stated their needs in relation to their gender, culture and religion. This enabled staff to meet people's needs in relation to their protected characteristics.

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

- People and their family carers told us people were supported to make decisions about their care and support.
- People were continuously supported to express their views about their care as the service provided information in accessible formats. We saw evidence of regular surveys and service user meetings organised for people living at the service.
- People's care plans included guidance on how staff should communicate with the person, and, if needed, explained specific communication needs and specified the person's preferred method of communication.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and we observed how staff always knocked before entering people's rooms.
- Staff knew how to respect people's privacy and dignity. A member of staff told us, "First thing, I keep the curtains and windows closed. I always make sure the door is completely closed, and I use towels to cover the parts of the body that are exposed but not being washed".
- People were encouraged to maintain their independence, and to maintain and develop skills. For example, with staff's support, people did their own laundry and tidied their rooms.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service understood the individual needs of people, and delivered care and support in a way that met these needs and promoted equality. For example, staff consistently supported a person to participate in their cultural and religious activities. As a result, the person was able to take part in religious festivals and traditions. During the religious festival of light staff bought battery operated tea lights so that the person could decorate their bedroom and the garden with them. Staff supported the person to choose a prayer and they read it to them. Staff also printed religious pictures for the person to keep them in the person's room. The person was also supported to follow their religious diet. For example, on certain days the person was supported to eat a meat, egg and fish free diet to uphold their religious beliefs and practices. The service also supported the person to attend the local temple when the person wanted to and supported the person to wear their cultural attire when they attended the temple. The person's relative told us, "They do their best to celebrate certain Indian festivals at the home in an inclusive manner, and if not, they will ensure that my sister is able to celebrate with us. They also had an Indian carer for a while who helped [person] to engage in traditional cultural activities which, again they encourage to this day. They also ensure [person] is regularly going out and doing things to broaden their horizons and support them in this area".

- The service was very responsive towards people's emotional and behavioural needs. There was overwhelming evidence of a positive impact the support provided had on people's well-being. For example, one person had experienced regular behavioural incidents in the place where they had previously lived. The home ensured that before the person was admitted, all staff were familiar with the person's method of communication and were therefore able to communicate effectively using Makaton and pictures alongside key verbal words. Makaton is a language programme using signs and symbols to help people to communicate. All staff were trained in person centred approach as well as in autism, communication, positive behaviour support, and intensive interaction. Through intensive interaction staff were able to develop a strong relationship with the person which led to a reduced number of behavioural incidents from 24 in six months to only one within a year. The person would not eat in the presence of staff when they first moved into White House. Staff presence during meal times was crucial as the person was at an increased risk of choking due to their medical condition. Through bonding with staff using intensive interaction, the person finally agreed to eat in the presence of staff. The achievement of eating in the presence of others promoted sociability and psychological well-being whilst also kept the person safe. Through staff's persistent determination and consistent support and encouragement, the person recently attended a hospital for dental treatment under general anaesthesia. The person also attended a doctor's surgery three times and was willing to go there again if needed. This was an immense achievement for the person as they would not have attended any appointments at the surgery or hospital prior to moving to the service.

- The service took innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. To communicate with people who were unable

to communicate verbally, the service used the Picture Exchange Communication System (PECS). This system was used to form routines for some people living at White House to help them understand what was going to happen next. The service also used talking mats to help service users communicate their emotions and feelings. The mats were also used to introduce new ideas coming from people that lived at white House. Communication books were used to help people make their choices and to help them understand what was going to happen. For example, the service used communication books to assist people to book their holidays. Alongside Makaton, staff also used objects of reference and "now and next" pictures to help people to understand what was happening, and to encourage them to be more involved in a variety of activities.

- Without exception, people received highly personalised care which not only met their needs and preferences, but also enabled them to live as full and independent a life as possible. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- Staff supported people to take part in a wide range of leisure activities which reflected their choices and interests. One person told us, "I like going out. I have horse-riding each Thursday. I go out to an Indian restaurant. I also enjoy Bollywood dancing and I take part in an internal competition".

End of life care and support

- The service went the extra mile offering people support when members of their families passed away. When one person's relative passed away, the service helped them to process this using a social story. During and following the death of the person's relative, staff were available to talk with the person about their relative supporting the person with their bereavement. The service supported the person to attend a religious service for their relative, and a few weeks later the person went with their family to scatter their relative's ashes in water, which was part of her culture. The person was supported to regularly visit the site of where their relative's ashes had been scattered.
- The service supported another person with complex communication needs through bereavement process. The service used a social story for the person so that they were aware of what had happened to their relatives and that they would not be able to see them again. The person was supported by staff to choose flower arrangement of bouquets for the funeral and to attend the services for their family members. Following the funeral, staff supported the person to visit both her relatives' resting places and put up photos of their relatives in the service. The service understood how much the family meant to the person and they took the lead in encouraging the other members of the person's family to re-establish contact with the person. With staff support and encouragement, the person was regularly visited by her family members which helped to reconnect the family and bring them closer together. Over the years, when the person's relative was alive, they had told staff stories about the person's childhood. Then, from time to time, the person did something that reminded staff of those stories, and staff always took time to assure the person they remembered the stories they had been told.
- The provider had a policy and systems in place to support people with end of life care and palliative care needs. Where people had disclosed their wishes in relation to their end of life care and funeral, these were recorded in people's care plans.
- Currently, no one was being supported with end of life care and palliative care needs.

Improving care quality in response to complaints or concerns

- The provider had systems in place to record complaints and address them in a timely manner. We checked the records and found there were no complaints received since our last inspection.
- People and their relatives knew how to complain, however, they told us they had no reason to do so.

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

Good: The service was consistently managed and well-led. The leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service promoted person centred care which was reflected in people's care plans. Staff demonstrated they were all there to support people to live their lives the way they wanted in a safe way.
- The registered manager understood their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- On the inspection day, we saw the registered manager interacted with people who used the service and staff in a positive manner. We saw the registered manager listen to staff queries attentively and supported them with their queries with patience.
- The registered manager was open and honest about some of the challenges they faced within the service and explained how they were going to manage these.

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

- Records showed audits and checks were carried out for care plans, recruitment files, medicines administration records, staff training and health and safety.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We saw that the rating was displayed on the provider's website and within the home. This meant people, relatives and visitors were kept informed of the rating we had given.
- The management team was aware of its responsibility to provide high quality care and support and were supported to do this by the provider.

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

- There were processes in place to engage with people, relatives, healthcare professionals and staff to encourage learning and improve care. The provider carried out annual surveys to get the views of people who used the service, their relatives, professionals and staff. The last annual survey results showed people and their relatives were happy with the service. Relatives praised good communication with the team. One person's relative told us they have 'Good liaison with staff and management'.
- People attended monthly residents' meetings where they were asked for their views, feedback and where they could raise any concerns.
- Staff were aware of the Accessible Information Standard and we saw that information for people was produced in an easy-to-read format.

Continuous learning and improving care; Working in partnership with others

- The provider had a range of services caring for people who had a range of disabilities and health conditions. They were constantly updating policies and procedures relating to providing care and support in line with current legislation and best practice.
- The provider worked in partnership with social workers, health professionals and relatives to ensure the service people received was person centred.