

# Richmond Psychosocial Foundation International 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 is a small residential care home providing personal care to people with a learning disability and an autistic spectrum disorder. The service can support up to five people. The care home accommodates four people in one adapted building in the London Borough of Twickenham.

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.

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

People continued to be supported to receive their medicines in line with good practice. People were protected against the risk of abuse, as staff received safeguarding training and were familiar with the provider's safeguarding policy. Risk management plans were regularly reviewed and gave staff clear guidance on keeping people safe. There were adequate staff numbers available to support people safely. The registered manager was keen to learn lessons when things went wrong, to minimise the risk of repeat incidents.

People continued to receive support from staff that were skilled and knowledgeable in their role. Staff were supported to regularly reflect on their working practices, through one-to-one meetings with the registered manager. Newly employed staff were encouraged and supported to undertake a thorough induction programme. People were supported to maintain their health and had access to healthcare services as and when needed. People had their dietary needs and preferences met.

People, their relatives and a healthcare professional were complimentary about the care and support provided. People were encouraged to maintain and follow their faith and cultural beliefs.

People continued to be treated with dignity and respect. Staff encouraged and supported people to make decisions about their care.

People were supported to access activities that met their social needs, both in-house and in the community. Complaints were investigated and acted on swiftly. Care plans were personalised and gave staff clear guidance on how to meet people's needs in-line with their wishes. The provider had developed an end of life policy.

The registered manager continued to carry out frequent audits of the service to monitor and improve the service provision. People, their relatives and healthcare professionals spoke positively about the management of The White House. People's views were regularly sought, through keyworker meetings and

questionnaires.

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 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.

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 7 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The White House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# 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

The inspection was unannounced.

#### What we did

We reviewed the 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 the provider 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 three people, one relative, one healthcare professional, four staff members including care workers, the registered manager and operations manager. We reviewed a range of records. This included

three people's care records and multiple medications records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, for example, fire safety, health and safety and complaints were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and staff training.

# 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.

### Preventing and controlling infection

- At the time of the inspection we identified there was a settee in the back-lounge area, which was heavily stained. Despite staff efforts to clean the settee, it remained in poor condition. We also identified the chopping boards in the kitchen were heavily scored, this meant these were unable to be cleaned effectively and increased the risk of cross contamination. The kitchen area had damaged cupboards and broken tiles. Although the registered manager had acted to fix these in the interim, the kitchen required updating to ensure it could be clean effectively.
- We shared our concerns with the registered manager, who after the first day of the inspection had purchased new chopping boards and replaced the settee. The operations coordinator also confirmed they would be employing an ancillary staff member to ensure a deep clean of the premises was carried out regularly.
- The registered manager and operations coordinator were aware of the issues identified with the kitchen and had previously sourced costings for a new kitchen to be installed. At the end of the two-day inspection, the operations manager confirmed the new kitchen would be completed by 02 December 2019. We were satisfied with the operations manager's response. We will review this at our next inspection.
- Despite the above, staff confirmed they were provided with adequate Personal Protective Equipment (PPE).

### Systems and processes to safeguard people from the risk of abuse

- People confirmed by use of Makaton, they felt safe living at The White House. Makaton is a set of symbols and signs, that aid people's communication. A relative told us, "I do, I feel my relative is very safe." A healthcare professional said, "We have not had any concerns raised."
- People continued to be protected against the risk of abuse, as staff had received safeguarding training and confirmed they would raise suspected abuse to the registered manager and Local Authority safeguarding team.
- The provider's safeguarding policy clearly indicated staff responsibilities in responding to safeguarding, which staff were familiar with.

### Assessing risk, safety monitoring and management

- Risk management plans in place gave staff clear and succinct guidance on how to mitigate identified risks by using proactive approaches.
- One staff member told us, "I have had training in [managing] challenging behaviour. By knowing people well, you can sometimes see changes in people and identify the triggers and then respond proactively, by using distraction techniques. I'm quite comfortable with dealing with challenging behaviour."

- Risk management plans covered all aspects of people's lives, for example, personal care, fire safety, medication, using public transport and accessing the kitchen; and detailed control measures in place for staff to follow. Risk management plans were regularly reviewed to reflect people's changing needs.

#### Staffing and recruitment

- People received care and support from sufficient numbers of staff to keep them safe. We reviewed the staff rota and found staffing levels were flexible, to ensure people could access activities of their choice with support from staff members.
- A relative told us, "I can only comment from when I've visited and yes I think there are enough staff."
- The provider continued to carry out pre-employment checks on prospective staff to ensure their suitability for the role. Staff files contained two satisfactory references, application form, photographic identification and a Disclosure and Barring Services (DBS) check. A DBS is a criminal record check, employers undertake to make safer recruitment decisions.

#### Using medicines safely

- People continued to receive their medicines in-line with good practice.
- A relative told us, "No, I haven't had any concerns. I don't know the entire setup [with relative's medicines] but every time we see relative he is fit and well. There's nothing to cause us any anxiety."
- Staff told us they had received medicines training and were confident in administering medicines. Records confirmed what staff told us.
- We reviewed the Medicine Administration Records (MAR) for three people and found these were completed correctly, with no gaps or omission. Stocks and balances were accurate and staff members carried out weekly medicine's audits. This meant issues would be identified quickly and action taken to minimise the risk to people.

#### Learning lessons when things go wrong

- The registered manager was keen to ensure lessons were learnt when things go wrong. For example, when issues were identified in relation to medicines recording, action was taken swiftly to minimise repeat incidents.

# 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

- Prior to moving into The White House, the commissioning Local Authority carried out a comprehensive assessment of people's health, medical, mental health and social needs.
- Upon reviewing the assessment, the registered manager decided if they could meet people's needs and if they were a suitable mix for the people already living at The White House. Once this had been confirmed, the registered manager devised a care plan based on the preadmission assessment.

Staff support: induction, training, skills and experience

- People continued to receive care and support from staff that underwent training to enhance their skills and knowledge. Training provided included, for example, safeguarding, infection control, fire safety, Mental Capacity Act 2005, Deprivation of Liberty Safeguards, medicines management and equality and diversity.
- In addition to the aforementioned training, the provider also ensured staff were in receipt of person specific training. For example, Autism awareness, physical restraint awareness, self-harm and learning disability training.
- A relative told us, "I would say most of the staff are well-trained."
- Staff spoke positively about the training provided, with one staff member stating, "I personally like the training. I've done lots of training, the most recent was medication, it was a refresher and I found it useful."
- Newly employed staff received a comprehensive induction programme, to familiarise themselves with the service, people and their role and responsibilities.
- Staff were regularly supported to reflect on their working practices through monthly one-to-one supervisions with the registered manager. A staff member told us, "[The supervision is] good because you can raise a concern and you can express yourself. We discuss any changes that need to be made."

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

- People confirmed they liked the food provided at The White House. One person told us their favourite meal was fish and chips. Another person indicated through gestures, they enjoyed spaghetti bolognese.
- During the inspection we observed staff supporting people to access food and drink that met their dietary needs and preferences. Staff were observed encouraging people to eat their meals and meals times at The White House were a pleasurable experience, with people and staff laughing and joking with one another.
- People were encouraged to choose what meals they would like throughout the week and a menu was prepared and displayed on the noticeboard. However, people were also offered a choice of meals should they not wish to have what was on the menu that day.
- People who had specific dietary requirements were catered for. For example, one person was unable to

tolerate spicy foods and another person required a diet that was low in fat.

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

- The White House had been adapted to ensure it met people's physical needs. For example, there were additional stair rails placed on the stairs to support people to mobilise safely.
- People were encouraged to personalise their rooms as they wished. For example, rooms viewed during the inspection had photographs, ornaments and bedding that reflected people's preferences and favourite comic book characters.
- The layout of the service meant that people could easily access all areas of the service independently. The service also had a separate lounge, which people could use if they wished to have more privacy or quiet time.

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

- People's health and wellbeing continued to be monitored, to ensure where there was a deterioration in people's health this was addressed swiftly.
- One person told us, through gestures and Makaton that they saw the G.P and Nurse when needed. A relative said, "I'm confident the staff would contact a healthcare professional to help [my relative] if he was unwell. [Relative] cannot say if they are in pain, but the staff would know. He does get to see the G.P. I have faith in the staff."
- A staff member told us, "[People] see the G.P, healthcare nurses and [attend] hospital appointments. If someone isn't well and we know the people well and can tell by a change in their behaviour and presentation, we report to the line manager."
- Records confirmed care plans clearly documented people were supported to access healthcare services as and when needed.
- Records also confirmed the registered manager sought guidance and support from healthcare professionals to ensure people received consistent, effective and person-centred care.
- People were also in receipt of a Health Action Plan (HAP). A HAP is a personalised document that highlights support required to keep the person healthy. In addition to the HAP, people also had a Dental Action Plan.

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 were not deprived of their liberty unlawfully and DoLS applications viewed were in date.
- A relative told us, "[The staff members] as much as they possibly can, [will seek my relative's consent]. We all know how my relative may respond. But he isn't 100% able to answer for himself, but I do feel the

decisions made are in his best interests."

- People's consent to care and treatment was sought prior to being delivered.

# 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 indicated through gestures and Makaton that they were happy living at The White House. One person gave us the thumbs up, indicating they liked the staff that supported them and that they were happy.
- A relative told us, "Generally they [staff members] are very good. I would say the staff are caring towards my relative. He gets on so well with the other people [living at The White House]." A healthcare professional said, "It's a good service. People have been there for quite a long time and are happy there. People's needs are being met."
- Throughout the two-day inspection, we observed staff speaking with people in a respectful manner, laughing and joking with one another. Interactions between staff and people were positive and warm.
- People's cultural and faith needs were respected and encouraged. For example, one person was supported regularly to attend a place of worship. The service celebrated culturally important days and were aware of people's diverse needs.

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

- People confirmed through gestures and Makaton, that they were supported to share their views. For example, one person told us the staff listened to them. A relative confirmed staff were respectful of people's views.
- Care plans detailed how people communicated and gave staff clear guidance on how to engage with people to gather their views in a meaningful way.
- Throughout the two-day inspection we observed staff supporting people to make decisions about the care and support they received, for example, what to eat and if they wanted to access the community. Staff were observed as being respectful of people's decisions.

Respecting and promoting people's privacy, dignity and independence

- People continued to have their privacy respected and their independence encouraged where safe to do so.
- Care plans detailed people's dependency levels and outlined what people required support with.
- Staff were aware of the importance of encouraging people's independence and to ensure they weren't de-skilled. A staff member told us, "People help to make meals. One person helps make his packed lunch. We verbally prompt people to do things for themselves, if they can't we will support them."

# 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

- People continued to receive care that was person-centred and met their diverse needs, from staff that knew them well. Throughout the inspection, we observed staff had developed meaningful relationships with people.
- Care plans were regularly reviewed and detailed people's health, medical, emotional, behavioural and mental health needs. Where possible, people and their relatives were encouraged to help develop their care plans, to ensure they were based on their wishes and preferences. A relative told us, "They [the service] have gone through things about my relatives care with me. They do take on board my comments."
- A staff member said, "A care plan tells me what I need to do to support the person. It covers personal care, risk assessments etc. I would report to the [registered] manager any changes needed to the care plan."

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 continued to be supported with information provided to them in a way they could understand. The provider had a communications policy which detailed the six key principles of communication. For example, all communication would be timely, clear, open, organisational, appropriate and two-way.
- Records confirmed the registered manager had sought interpreters to aid the communication for one person living at The White House and supported people with Makaton.

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 continued to participate in a variety of activities that met their social, emotional and faith needs. The service placed great emphasis on ensuring people accessed the community regularly and lived as independent lives as possible.
- One person told us, "[Staff take me out] dancing [and the] disco." A relative said, "[My relative] does go to clubs and is quite a contented person. He sometimes goes to the pub and for meals out."
- Activities included, for example, Zumba, social club, discos, shopping, days out and to the cinema.
- People were supported and encouraged to maintain relationships with people that mattered to them. For example, visitors were welcome to the service and people were supported to visit their relatives and friends where possible.

#### Improving care quality in response to complaints or concerns

- People were able to indicate to us through gestures and Makaton, that if they were unhappy they would speak with staff.
- The service had a complaints policy in place, which gave people and their relatives details on the complaints process and what to expect.
- We reviewed the complaints file and identified there had been one complaint received in the last 12 months. The complaint had been investigated and action taken to minimise the risk of a repeat incident.

#### End of life care and support

- At the time of the inspection people were not receiving end of life care at The White House.
- The registered manager had developed end of life plans which detailed people's preferences, important people and any specific wishes they had in relation to end of life care.

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

- People, their relatives, healthcare professionals and staff spoke positively about the registered manager. Comments included, for example, "The [registered manager] is very good, she does a good job. When you have someone good at the top, it trickles down", "The [registered manager] is responsive" and "[Registered manager] is very good and open to staff. You're not worried to talk to her about things, she's approachable and will try to fix things, she's a team player. I think she's a very good manager and down to earth."
- The registered manager was an active presence within the service. Throughout the two-day inspection, we observed people and staff at ease whilst approaching the registered manager for guidance and support.
- The registered manager carried out regular audits of the service to drive improvements. Records confirmed audits covered all aspects of the service, for example, medicines management, fire safety, care plans, staff files and risk management plans. Issues identified during the audits were actioned in a timely manner and where within the registered manager's remit.
- The registered manager was aware of their responsibilities in line with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- People continued to be encouraged to share their views to drive improvements. The registered manager gave people a quality assurance questionnaire to complete with staff, to make their views known.
- Questionnaires looked at, for example, how do staff help you to be more independent, what would you like to see your staff do more of when supporting you and do staff treat you with care, attention and courteousness.
- Issues identified in the completed questionnaires were acted on in a timely manner. For example, one person stated they would like staff to read to them more. Records confirmed this had been raised with the staff.

Continuous learning and improving care

- Staff and management at The White House continued to ensure learning continued to drive

improvements. The registered manager took a proactive stance in enhancing people's experiences of the service.

#### Working in partnership with others

- The registered manager actively sought partnership working to drive improvements. The registered manager told us, "I have always done it, it's mainly because we cannot meet the needs of the residents alone. We can't provide everything to them, [for example] GPs, social services and nursing skills. It means we are all working towards the same goal and are on the same page." Records confirmed what the registered manager told us.
- A healthcare professional told us, "The service will ask for advice and will share concerns with us."