Care Quality Commission

Richmond Psychosocial Foundation International

The White House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This was an unannounced inspection that took place on 15 May 2015.

The home provides care and support for five people with learning disabilities and is located in the Twickenham area.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There was one improvement area. A small proportion of the medicine records were incomplete for creams administered. The other records we looked at were up to date and well kept.

We recommend that the service refers to current medicine administration and recording guidance.

Summary of findings

People said the home provided a good service and they enjoyed living there. People chose the activities they wished to do. These were group and individual based. The staff team provided the care and support they needed to do them.

We saw that the home had an inclusive, warm and enabling atmosphere. People were enjoying themselves during our visit. The home was well maintained, furnished, clean and provided a safe environment for people to live and work in.

The records were comprehensive and kept up to date. The care plans contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties well.

The staff we spoke with was very knowledgeable about the people they worked with and field they worked in. They had appropriate skills, training and were focussed on providing individualised care and support in a professional, friendly and supportive way. They were trained and skilled in challenging behaviour and de-escalation techniques that they were required to use during our visit. They were well trained, knowledgeable, professional and accessible to people using the service and their relatives. Staff said they had access to good training, support and career advancement.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. They were positive about the choice and quality of food available. People were encouraged to discuss health needs with staff and people had access to community based health professionals, as required. Staff knew when people were experiencing discomfort and made them comfortable.

The home's manager was approachable, responsive, encouraged feedback from people and monitored and assessed the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People said they were safe. There were effective safeguarding and risk assessment procedures that were followed. The home had appropriate numbers of well-trained and appropriately recruited staff.

People's medicine records were not up to date. Medicine was audited, safely stored and disposed of.

Requires improvement

Is the service effective?
The service was effective.

People received specialist input from community based health services. Their care plans monitored food and fluid intake and balanced diets were provided. The home was decorated and layed out to meet people's needs and preferences.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interest' meetings were arranged as required.

Good

Is the service caring?
The service was caring.

People felt valued, respected and were involved in planning and decision making about their care. The care was centred on people's individual needs.

Staff knew people's background, interests and personal preferences well and understood their cultural needs. They provided support in a kind, professional, caring and attentive way that went beyond their job descriptions. They were patient and gave continuous encouragement when supporting people.

Good

Is the service responsive?
The service was responsive.

People had their support needs assessed and agreed with them and their families. They chose and joined in with a range of recreational activities. Their care plans identified the support they needed and it was provided. People told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The home had a positive culture that was focussed on people. People were familiar with who the manager and staff were. The manager and staff enabled people to make decisions by encouraging an inclusive atmosphere.

Staff were well supported by the manager and management team and the training provided was good with advancement opportunities available.

The home's quality assurance, feedback and recording systems covered all aspects of the service monitoring standards and driving improvement.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on 15 May 2015.

This inspection was carried out by one inspector.

There were five people living at the home. We spoke with four people, two care workers and one senior care worker.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for four people using the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We contacted two health care professionals to get their views.

Requires improvement

Is the service safe?

Our findings

People said they felt safe at the home and enjoyed it. One person said, "I do feel very safe living here." Another person told us, "I've been here for a long time and staff are my friends."

Staff had received mandatory induction and refresher training in how to identify abuse. We asked staff what abuse was and the action they would take if they thought abuse was happening. Their answers matched the provider's policies and procedures. During our visit people were treated equally by staff, and given the time they needed and attention to have their needs met.

Staff had received safeguarding training and understood how to raise a safeguarding alert and the circumstances under which this should happen. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from.

There were risk assessments contained in people's care plans that enabled them to take acceptable risks and enjoy their lives safely. These included risk assessments about their health and aspects of people's daily living including social activities. The risks were reviewed regularly and updated if people's needs and interests changed.

The team shared information regarding risks to individuals. This included passing on and discussing any incidents of risk during shift handovers and staff meetings. There were also accident and incident records kept and a whistle-blowing procedure that staff said they would be happy to use.

There were general risk assessments for the home and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained.

The home had a de-escalation rather than restraint policy and staff received challenging behaviour training. They were also aware of what constituted lawful and unlawful restraint. There was individual de-escalation guidance contained in the care plans as required and any behavioural issues were discussed during shift handovers and staff meetings.

During the visit, staff were required to put their training into practice as someone displayed challenging behaviour. Staff re-acted appropriately, in line with a contingency action plan that was specific to one person, contained in their care plan and that staff understood and followed. The specific plan was based on being non-confrontational and de-escalating the situation. They made sure everyone was safe, including the person displaying the behaviour and kept informed of what was happening. The circumstances that may trigger this behaviour were fully documented with an action plan and required action should this occur. They also monitored the affect the behaviour had on other people using the service.

The home had a comprehensive staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of learning disabilities. References were taken up and security checks carried out prior to starting in post. There was also a six month probationary period.

The staff rota showed that support was flexible to meet people's needs at all times. The staffing levels during our visit met those required to meet people's needs. This was reflected in the way people did the activities they wished safely. There were suitable arrangements for cover in the absence of staff due to annual leave or sickness. The home had access to bank staff and requested staff who had visited before and who people using the service were familiar for continuity.

The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood.

We checked the medicine administration records for all people using the service and found that some of the records were incomplete for administration of creams without a written explanation provided. The provider monitoring systems had identified the errors and the issue was being addressed. The medicine kept at the home was safely stored in a locked facility and appropriately disposed of if no longer required. The staff who administered medicine were trained and this training was refreshed annually. They also had access to updated guidance.

We recommend that the service refers to current medicine administration and recording guidance.

Good

Is the service effective?

Our findings

People made their own decisions about their care and support. They said the care and support they got was what they wanted. It was delivered in a way people liked that was friendly, enabling and appropriate. One person told us, "I do anything I like." Another person said "I go out and meet my friends." Someone else said "I choose the meals I want to eat".

Staff received mandatory induction and annual training. The training matrix identified when mandatory training was due and included infection control, challenging behaviour, medicine administration, food hygiene, equality and diversity and first aid. The induction process included familiarisation with the organisation and the home that included people using the service, their care plans and behavioural assessments, home layout, policies, procedures and shadowing staff on shift.

Bi-monthly staff meetings identified any training issues or further training needs. Experiences were also shared with other homes within the organisation. Monthly supervision sessions and annual appraisals were partly used to identify any gaps in training. There were staff training and development plans in place.

Staff communicated with people clearly and at a pace that enabled people to understand what they were saying. They were also given the opportunity to respond. The care plans and other documentation such as the complaints procedure were part pictorial to make them easier to understand.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. An assessment of people's capacity to make decisions was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and were authorised. The home arranged a 'best interests' meeting if required. A 'best interests' meeting determined the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. People had a DoLS authorisation in place that was updated as required.

The care plans included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding the type of support required at meal times. Staff said any concerns were raised and discussed with the person's GP. Nutritional advice and guidance was provided by staff and there were regular visits by local authority health team dietician and other health care professionals in the community as required. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

Health care professionals we contacted after the visit said they had no concerns with the service provided.

Good

Is the service caring?

Our findings

During our visit people made decisions about their care and the activities they wanted to do. Staff knew people well, were aware of their needs and met them. They provided a comfortable, relaxed atmosphere that people enjoyed. One person told us, “The staff are my friends.” Another person said, “I went to the park today, we are having sausage and mash tonight which is what I like.” A person said, “People (Staff) are really nice to me.”

People said that staff treated them compassionately and with dignity and respect. The staff met people’s needs and they enjoyed a good quality of life and were supported to do what they wanted to. Staff listened and went beyond just meeting people’s needs. People’s opinions were valued and staff were friendly and helpful.

This was also demonstrated in the care practices we saw during our visit. Staff were skilled, patient, knew people, their needs and preferences very well. They made the effort to ensure people enjoyed themselves. People and their wishes were put first and staff made the effort to encourage them to join in with fun activities that made the home function such as laying the table and putting rubbish. When people came in, they were asked about their day and what they had been doing. This was by other people using the service as well as staff and added to the home’s family environment. One person who has limited communication skills waved at another person using the service when they arrived and the person waved back. People were also encouraged to have meals together to enhance their enjoyment of the meal and feeling of communal living and inclusion. One person asked another if they would like a cup of tea. Two people who use the service encouraged each other to have a dance and staff joined in.

People’s care plans contained personal information including race, religion, disability, likes, dislikes and beliefs. This information enabled care workers to respect people, their wishes and meet their needs. This was demonstrated by the range of activity options offered to people, by staff during our visit that were based on recorded likes and dislikes. Staff received training about respecting people’s rights, dignity and treating them with respect.

The patient approach by staff to providing people with care and support during the inspection, meant that they were consulted about what they wanted to do, where they wanted to go and who with. Everyone was encouraged to join in activities and staff made sure no one was left out.

The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

There was a visitor’s policy which stated that visitors were welcome at any time with the agreement of the person using the service. People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy. The home held a welcome party for someone who had recently moved in and there was another one planed for them that their relatives would be attending.

The health care professionals we contacted said they had no problems with the care and support provided or way it was delivered.

Good

Is the service responsive?

Our findings

People said that they were asked for their views and opinions by the home's manager and staff. This also happened during our visit with people being asked if they would like to help with preparing dinner. One person said, "I'm covered in chocolate, silly boy." A member of staff helped them clean up after they had shaken our hand and laughed. Another person said, "Staff are helpful, respect me and the meals are good."

People were given time to decide the support they wanted and when by staff. If there was a problem, it was resolved quickly.

People were referred by the local authority that provided assessment information. Information from their previous placement was also requested if available. This information was shared with the home's staff by the management team to identify if people's needs could initially be met. One person had recently moved in. The pre-assessment information received by the home, from the local authority placement team for this person was thorough, making it easier for the home to assess if the person's needs could be met.

There was a policy and procedure that stated people, their relatives and other representatives would be fully consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before deciding if they wanted to move in. Staff told us the importance of considering people's views as well as those of relatives so that the care could be focussed on the individual. It was also important to get the views of those already living at the home. People were asked their opinion before the latest person to move into the home did so. One person told us "I get on well with the others and am always being asked what I think." During the course of these visits the manager and staff would add to the assessment information.

Written information about the home and organisation was provided and there were regular reviews to check that the placement was working. If there was a problem with the placement, alternatives would be discussed, considered and information provided about prospective services where needs might be better met.

People's needs were regularly reviewed, re-assessed with them and their relatives and care plans updated to reflect their changing needs. The plans were individualised, person focused and developed by identified lead staff as more information became available and they became more familiar with the person and their likes, dislikes, needs and wishes.

People's care plans were initially based on the assessment information provided. They became more individualised and person focused as they were developed by lead staff working with people using the service. The care plans became more refined as more information became available and people's likes, dislikes, needs and wishes, were further identified. The care plans were comprehensive and contained sections for all aspects of health and wellbeing. They included care and medical history, mobility, personal care, recreation and activities, last wishes and behavioural management strategy. They were part pictorial to make them easier for people to use. They had goals that were identified and agreed with people where possible. These included sections entitled 'what works for me' and 'what doesn't work for me'. The goals were underpinned by risks assessments and reviewed monthly by keyworkers who involved people who use the service. If goals were met they were replaced with new ones. They recorded people's interests and the support required for them to participate in them. Daily notes identified if the activities had taken place.

The care plans were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do. They contained individual communication plans and guidance.

The activities people pursued were a mixture of individual and group with a balance between home and community based activities. Each person had their own weekly individual activity plan. During our visit one person went shopping and out for lunch with a member of staff. One person said, "I go shopping a lot and got some chocolate from Twickenham this morning." The activities that took place included music, massage, sensory sessions, swimming, bowling and the cinema. One person was doing some drawing during our visit. They showed us the drawing and gave us a 'high five'. One person said, "I'm going to a concert later, I've been for lunch at my parents today."

Good

Is the service responsive?

People also improved their life skills by taking responsibility for tasks such as putting out the rubbish, clearing the table after meals and keeping their rooms tidy. One person said, "I strip my bed and have shower every day."

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them and was part pictorial. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly.

There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Any concerns or discomfort displayed by people using the service were attended to during our visit.

If people had to visit hospital, appropriate information was provided and they were accompanied by staff.

Good

Is the service well-led?

Our findings

People told us the manager was approachable and made them feel comfortable. One person said, “The manager and staff are really nice and I have no problem talking to them.” During our visit there was an open, listening culture with staff and the manager taking on board and acting upon people’s views and needs.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk down to them.

There were clear lines of communication within the organisation and specific areas of staff responsibility and culpability.

Staff told us the manager was very supportive. Their suggestions to improve the service were listened to and given serious consideration. There was a whistle-blowing procedure that staff told us they had access to. They said they really enjoyed working at the home. A staff member said, “There is a good team here and everyone is very supportive”. Another member of staff told us there was, “The manager is always approachable and listens.”

The records we saw demonstrated that regular monthly staff supervision and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required.

The home’s records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

A new chief executive officer had recently been appointed and was looking to introduce further quality assurance processes such as manager peer monitoring visits within the organisation. The home had a quality assurance system that regularly checked care plans, risk assessments and daily notes were up to date. Health and safety checks were completed that included the building, fridge and freezer temperatures, fire alarms and call points, hot water temperatures and any electrical goods. Equipment used was regularly serviced and maintained under contract.

The home checked service quality at two weekly house meetings and telephone and e-mail contact with relatives as well as speaking to them when they visited. Shift handovers also took place that included information about each person.