Consensus Support Services Limited

# Whiteheather

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service
Whiteheather is a residential care home that provides accommodation and personal care for up to five people with a learning disability or who are autistic. At the time of this inspection there were five people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.
People's experience of using this service and what we found

Right Support
• Staff supported people to take part in activities and pursue their interests. Activities and relationships had been disrupted during the COVID-19 pandemic. However, staff were committed to supporting people to regain their confidence and interests. We made a recommendation around developing staff skills to enable them to support people to engage in activities in line with their individual needs.
• The registered manager promoted an ethos where staff supported people to have the maximum possible choice, control and independence. We made a recommendation about developing staff skills in this area.
• The service worked with people to plan for when they experienced periods of distress so that any restrictions on people's freedom were minimised.
• Staff supported people to make decisions following best practice in decision-making. The registered manager was improving the way decision-making was recorded.
• Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes. The registered manager and staff worked well to ensure people who became distressed were not controlled by excessive and inappropriate use of medicines.
• The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. The service had effective infection, prevention and control measures to keep people safe
• People were able to personalise their bedrooms. The registered manager and provider were reviewing options to provide increased choices of shared living areas.

Right Care
• Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
• The service had enough appropriately skilled staff to meet people's needs and keep them safe.
• Staff understood people's individual communication needs. The provider supported staff to develop their communication skills, when required.
• People's care and support plans reflected their range of needs and this promoted their wellbeing and

enjoyment of life. Care plans and risk assessments were reviewed as required when people's needs changed.

Right culture
• Staff placed people at the heart of everything they did and provided personalised care.
• People and those important to them, were involved in planning their care. Advocates were used well, to help ensure people's views were listened to.
• The provider ensured risks of a closed culture were minimised. Staff and managers worked well with external professionals and families to ensure people's needs were met.
• There was a shared enthusiasm across the service for learning from mistakes and continually improving safety and people's quality of life.

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

Rating at last inspection
The last rating for this service was good (published 12 July 2017).

We also visited the service in 2021 to carry out a targeted inspection looking at the infection control and prevention measures the provider has in place. We were assured that people were being protected by the prevention and control of infection. This inspection was unrated.

Why we inspected
We received concerns that there were not enough staff to provide safe, person-centred care to people living at Whiteheather. We were also told the service was not minimising the risk of people getting COVID-19. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

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|---|---|
| **Is the service safe?**<br>The service was safe<br>Details are in our safe findings below. | Good |
| **Is the service responsive?**<br>The service was responsive<br>Details are in our safe findings below. | Good |
| **Is the service well-led?**<br>The service was well-led.<br>Details are in our safe findings below. | Good |

# Whiteheather

**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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Two inspectors carried out the inspection.

Service and service type
Whiteheather is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 first visit to the service was unannounced. We gave the service notice when we visited for the second time.

What we did before inspection
We reviewed information we had received about the service, including 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.

The inspection
We visited the service twice, once in the evening, followed by a daytime visit. The registered manager was on leave during these visits, so we arranged a video call with them on their return. In their absence we met with the operations manager and regional director who supported the acting team leader through the inspection.

We met with the five people who lived at Whiteheather. Where people were unable to talk with us, we used observation to help us understand their experience of using the service. We had contact with seven members of care staff.

We reviewed a range of records. This included three people's care records and medication 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, including policies and procedures were reviewed.

We had contact with two family members for their feedback about the service.  We had feedback about the service from two professionals.

The registered manager and provider sent us information as requested after our visit to the service.

Good

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment
• At our last inspection, we rated the service as requires improvement due to concerns about how staffing was calculated. The provider did not always ensure people received the support they needed. Before this inspection we again received concerns there were not enough staff to support people safely.
• At this inspection, we found there were enough staff to meet people's needs, including for one-to-one support for people. At an unannounced evening visit, we met three members of staff supporting the five people at the service. The staff were skilled and knew people well.
• There had been a period during the COVID-19 pandemic where a high number of permanent staff had been off sick. During this time, people had not been supported by staff who knew them well. However, these exceptional circumstances did not reflect the quality of care people usually received. The provider put in place contingency plans which helped keep people safe until their usual staff team returned to the service.
• Staff recruitment and induction training processes promoted safety, including those for agency staff. A member of staff told us, "When I first started, I did training and looked at the care files. There was an induction week and shadowing for at least a week, it all depends on how long you have been doing care."
• The provider had pro-actively recruited to ensure there were enough staff. Despite the need for new staff, a member of staff told us standards remained high. They said, "The quality of staff the registered manager has brought into the service has been very good."
• Every person's record contained a clear one-page profile with essential information to ensure new or temporary staff could see quickly how best to support them. Staff told us they were improving the profiles after realising during the pandemic how important they were.

Preventing and controlling infection
• We had concerns raised before our inspection about how the provider was managing risks around COVID-19. Staff and external professionals told us that for a short period of time staff had struggled to follow cleaning schedules due to pressures on staffing numbers. However, the provider had taken swift action to sort this out.
• At our inspection we found the service had effective infection, prevention and control measures to keep people safe. The service had good arrangements for keeping premises clean and hygienic.
• Staff and people followed shielding and social distancing rules, where possible. Although not all the people living at the service were able to socially distance, the provider tried to limit risks when admitting new people to the service.
• The service promoted safety through the layout of the premises.
• Staff used personal protective equipment (PPE) effectively and safely.
• The service tested for infection in people using the service and staff.
• The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to

alert other agencies to concerns affecting people's health and wellbeing.
• The service's infection prevention and control policy was up to date.
• The service prevented visitors from catching and spreading infections. The service supported visits and maintained relationships in line with current guidance and in a person centred manner.
• All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food

Systems and processes to safeguard people from the risk of abuse
• People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
• A professional working with a person at the service told us the registered manager involved them as required when there was a safeguarding concern. They found the concerns were dealt with well and communication was open.
• Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management; Using medicines safely
• People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. We observed staff working well as a team to respectfully support a person who did not want to take their medicines. The person was not rushed and eventually agreed to take their medicines.
• Staff did not support people with their medicines unless they had been trained. There had been a short period when staffing issues meant there had not been sufficient staff trained to administer medicines. The provider had put in place emergency contingency plans to ensure people were safe. They had taken action to ensure there were adequate numbers of trained staff. A member of staff told us, "There is always someone on shift trained to provide medicines"
• Some people at the service were prescribed medicines which could be used when they became distressed. The service ensured people were not controlled or restricted by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
• Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom. We observed staff trying initially to deflect people who were becoming anxious, such as offering a drink or a favourite blanket. Where medicine was given, this was used as prescribed and in line with people's care plans.
• The registered manager ensured there were effective systems to record when people had received medicine following a period of distress. They reviewed these incidents to ensure staff were using medicines in a proportionate way.
• The registered manager arranged for people's medicines to be reviewed by prescribers, in line with good practice guidelines, and had brought forward a meeting with external professionals to review a person's medicines following a period when they had required an increase in medicines.
• Senior staff had completed personalised risk and needs assessments. Our observations showed staff knew how to keep people safe. For example, they cleared the area when a person with mobility issued walked through the room.
• People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
• Staff had consulted specialists for guidance and advice to help keep people safe. This included advice from occupational therapy and speech and language therapy on individual needs. The provider had internal officers who gave advice to staff support people who became distressed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

• We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
• There were examples where the registered manager had consulted extensively when assessing people's capacity and before making decisions to ensure these were in a person's best interest. They had involved advocates and families as required. They had not always recorded fully this decision making. The manager assured us they would review their records to ensure this reflected the good practice being carried out.

Learning lessons when things go wrong
• People received safe care because staff learned from safety alerts and incidents.
• The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
• Managers reviewed use of restrictions to look for ways to reduce them.

Good

# 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's care plans outlined where staff could support them to maintain and develop everyday living skills. We observed staff supporting people to be independent, for example when getting ready to go out.
• A person's care plan stated they were able to make a cup of tea with support. During our visits, staff made the person drinks, but we did not observe them supporting the person to make a cup of tea. Daily care records and discussions found some staff did provide this support, but this was not consistent. We discussed this with the registered manager, who spoke of their commitment to ensuring there was a focus on maintaining people's independence.

We recommend the registered manager develop staff skills to ensure people are consistently supported to maximise their independence.

• We had received concerns before our inspection that care was not person centred and meals were not freshly cooked. When we visited unannounced, there was a freshly cooked meal, including homemade crumble. The fridge was full of fresh produce. People a choice about what they ate. A member of staff told us a person had chosen to have toast and jam instead. A family member told us, "On Sundays when we visit it smells lovely, roast, Yorkshire puddings and three veg."
• Staff provided people with personalised and co-ordinated support in line with individual needs. When we visited in the evening, we saw that people had flexible routines which were person-centred and reflected their preferences. We observed a person going for a shower with staff support. The member of staff said, "[Named person] loves a routine so it's off to the shower and on with the pyjamas. [Second person] will watch TV in their bedroom."
• People's bedrooms were large and had been decorated in line with good practice to meet their needs. For example, bright colours and specialist lighting or fixed tactile items, in line with individual sensory needs. Another person had moved their bedroom to the front of the house as they liked to sit and 'people-watch.'
• There was one large shared living and dining area. Some people stayed in their rooms due to the level of noise in the shared living area. The registered manager told us they had requested the provider create an additional living area, such as a summer house, to ensure people had the option of spending time in a calmer area.
• Support focused on people's quality of life outcomes. Staff knew people well and regularly monitored and adapted people's outcomes as they went through their life. A member of staff told us, "[Named person] is getting a little older now. They love a cup of tea and love a blanket, so we bought them a blanket with holes for arms." We observed the person using and being reassured by the blanket.
• Staff spoke knowledgably about tailoring the level of support to individual's needs. We observed a member

of staff introducing another member of staff when a person did not want support with their personal care. They told us the person often responded well to a change in face.
• Staff reviewed people's care and support on an ongoing basis as people's needs and wishes changed over time. Staff were adapting their support to people in the service who were becoming older and required support with their mobility.

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
• There were some examples of specialist resources, reflecting individual needs, such as lighting set up for a person with sensory needs. Staff told us it could be hard to motivate people at the service due to their complex needs. Our observations, discussions and a review of records found not all staff had the specialist skills to support people to engage in activities, such as those with sensory needs or limited mobility. The registered manager had already recognised this and told us they were supporting staff to build up their skills, for example by working alongside them.

We recommend the registered manager seek specialist resources to develop staff skills so they can engage people in high-quality, personalised activities and interests, in line with best practice.

• Staff described the list of activities people were involved in prior to the disruption caused by the COVID-19 pandemic. A member of staff told us, "People used to go to the pub, to the Rocket Club and hydrotherapy. It had taken years to build up their confidence to attend these activities and now we are having to start all over again."
• Staff supported people to participate in their chosen social and leisure interests. People went out on drives, helped with baking and enjoyed TV and listening to music. Staff helped people to have freedom of choice and control over what they did, based on their individual preferences.
• Staff made a lot of effort to celebrate significant days, such as Christmas and birthdays. They showed us photos of their decorations, cakes and parties. This reflected the commitment staff had to enhance people's quality of life.

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.
• Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something. We observed a member of staff using signs to communicate with a person who had recently arrived at the service. The registered manager was arranging specialist training for all staff to ensure they had the skills to communicate with the person.
• Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids.

Improving care quality in response to complaints or concerns
• People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Advocates were used regularly to support people who could not express their views verbally or who lacked capacity to make complex decisions.
• The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. A family member told us about a

concern they had raised. They said the registered manager had listened and taken action, which they found reassuring.

End of life care and support
• Staff spoke with compassion about a person who had received end of life care at the service. A member of staff said, "[Named person] was a real character and meant a lot to me. They received good care at the end."
• We saw a care plan for a person which gave staff guidance on the support they would need if receiving end of life care. The care plan was highly personalised and demonstrated a close knowledge of the person. It detailed the person's favourite songs, their preferred staff, including pet names used to describe them. There was also key information to ensure the person was comfortable, such as their dislike of noise and favourite blanket.

Good

# 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

• The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. The registered manager told us they were aware some people and staff had been at the service a long time. They said, "I am aware there are some entrenched patterns, but we have an excellent team and things are getting better."

• Managers worked directly with people and led by example. The registered manager described how they worked alongside staff to drive improvements. Staff told us they were all committed to get through the challenges of the COVID-19 pandemic. A member of staff told us, "The registered manager has led from the front, by example, and has earned respect from the staff. There has been a lot of pressure at Whiteheather, but they have not given in to it and are turning things around as fast as they are able."

• Managers were open to challenge and welcomed fresh perspectives. A member of staff described how the registered manager had welcomed a suggestion about capturing and recording peoples' likes and dislikes at mealtimes. They told us they had learnt how important this information was during the pandemic when people had been cared for by staff who did not know them. This reflected a culture that valued reflection, learning and improvement.

• Management and staff put people's needs and wishes at the heart of everything they did. Staff were proud of the care they provided and told us they tried to support people to enjoy life, despite the challenges of the last few years. They showed us pictures of special decorations done for Christmas and Valentines day.

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

• The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/and oversight of the services they managed. The deputy manager and two other senior staff had been off for a considerable time. However, we found the registered manager and provider were working well to ensure the service continued to run safely and effectively. The registered manager said, "This is a good and supportive company. I know the support is there."

• There were good cover and out-of-hours arrangements when the registered manager was absent. Staff knew who to contact in an emergency. There was effective cover from provider representatives when the registered manager was on leave during our inspection. A social care professional gave us positive feedback about the management cover in place when managers and staff went off sick with COVID-19.

• Governance processes were effective and helped keep people safe, protect people's rights and provide good quality care and support. The registered manager was using the information from checks to improve the service, for example to drive staff skills in all areas.
• The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service, including specialist advice around supporting people who became distressed. Staff were able to explain their role in respect of individual people without having to refer to documentation. They were able to describe staffing arrangements for each shift, and which staff were responsible for ensuring named people received the necessary support to keep them safe.
• We found the registered manager was open about mistakes which had happened, in particular the dip in quality due to staffing pressures. Families also told us the registered manager was honest when things went wrong. They were clear about the steps being taken to put things right.

Engaging and involving people using the service, their families and staff, fully considering their equality characteristics
• The provider sought feedback from people and those important to them and used the feedback to develop the service. There were annual feedback surveys for families and stakeholders. We found the openness and enthusiasm of the registered manager was key to involving and inspiring those around them.
• Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Staff were extremely positive about the registered manager, in particular the way they involved and worked alongside staff. A member of staff told us, "They have a can-do attitude. Things are settling and getting better. They are by far the best manager we have ever had."
• Staff felt able to raise concerns without fear of what might happen as a result. A member of staff told us, "I love working there, if I felt there was a problem with anything, I know I could tell any member of staff and it would be dealt with. They are a great bunch to work with and I am sure if there were any serious concerns to raise, staff and families would know who to contact."

Continuous learning and improving care; Working in partnership with others
• Staff and families told us the impact from the COVID-19 pandemic had been devastating, in particular following a recent outbreak. We found a positive attitude among staff and leaders to learn from the experience. Staff told us they understood better the importance of records such as care plans to inform temporary or replacement staff who did not know people. They gave us examples which reflected their committed to making sure information reflected the people they supported.
• The provider and registered manager had worked well with external professionals during the COVID-19 pandemic to ensure people remained safe.
• The registered manager told us the provider helped keep them up-to-date with national policy and was embracing change to support them to deliver improvements.
• The service worked well in partnership with advocacy organisations and other health and social care organisations. This helped give people using the service a voice and improved their wellbeing.