

Whitmore Vale Housing Association Limited

Whitmore Vale House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Whitmore Vale 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. Whitmore Vale provides residential care for people with a learning disability. The service accommodates up to 20 people across three separate units. At the time of our inspection, the service was supporting 16 people.

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. However, as reported, records did not always reflect this.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 20 people. 16 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Staff had not received adequate training in areas that were pertinent to the people they were caring for, such as training in caring for people with autism. This had caused an impact on the quality of care people had received on occasions. For example, accident and incident records highlighted an issue in staff's perception of people's behaviours, rather than looking at the root cause of them. These records also did not include information around actions taken to prevent reoccurrence. We identified documentation where inappropriate or disrespectful terminology about people and their behaviours had been used. The senior management team were aware of this and were already taking action to ensure staff were re-educated in dignity and respect and were completing ongoing close monitoring of the service.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made recommendations in these areas.

Risks to people were not always appropriately recorded or managed. Quality audits had not identified the issues we found during our inspection, or the concerns that led to our inspection. Healthcare professionals were involved in people's care where necessary, but relatives were not always kept updated with changes to

their loved one's health or care needs.

Apart from one occasion, people and their relatives felt that staff treated them with respect and kindness. The senior management team were monitoring the service closely following safeguarding concerns that had been raised and were asking staff to self-reflect of their own practices.

Staff encouraged people to be independent where safely possible and respected their independence and privacy. People were involved in making decisions around their day to day care, including what they wanted to eat and wear. Relatives and staff felt the senior manager was approachable. Feedback had been sought from people, their relatives and healthcare professionals on a regular basis.

There were a suitable number of safely recruited staff to meet people's needs. Following a recommendation at our last inspection, staff deployment had improved to allow people to take part in activities and outings that were meaningful to them. Staff received regular supervision and competency checks to ensure they were effective in their role. However, these had not identified the shortfalls we found on the day, nor the concerns that led to our inspection.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. However, records did not always reflect this principle.

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 5 December 2017).

Why we inspected

The inspection was prompted in part due to concerns received about the culture of the service and people not being treated with dignity and respect. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to the provider's processes and systems not identifying shortfalls in the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Whitmore Vale 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 team consisted of three inspectors. One of the inspectors acted as 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

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the service and seven members of staff including the deputy manager, an agency staff member, the senior manager and the deputy chief executive officer(CEO). We reviewed a range of documents including seven care plans, administration records, accident and incidents records, policies and procedures and internal audits that had been completed.

After the inspection

We spoke with three relatives by telephone to gather their feedback on the service. We continued to seek clarification from the senior manager to validate evidence found. We looked at training data and quality assurance records.



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 now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong

- Accident and incident records highlighted an issue around staff's perception of behaviour from people. For example, one record identified a person had displayed behaviours that challenged when a staff member had not fulfilled a promise of ordering something the person had requested. The emphasis was around the person's behaviour being unacceptable rather than the incident being avoidable if the staff member had fulfilled the promise they had made to the person. We raised this with the senior manager, who has since booked training in positive behaviour support, care for people with autism and learning disabilities for all staff members.
- Accident and incident records stated what immediate action was taken such as checking a person had no injuries, but did not record what steps were taken to prevent reoccurrence. We raised our findings with the senior manager who said this would be discussed fully with staff.
- Accident and incidents were not reviewed regularly enough to check for any trends. For example, one person had started falling frequently within a month but accident and incidents were only reviewed every three months. Therefore, the trend in increased falls had been missed which could have identified if this was due to an infection or the introduction of a new medicine. We raised this with the senior manager who confirmed these would be completed more regularly.

We recommend accident and incident records confirm what steps have been taken to prevent reoccurrence. We also recommend all staff receive further training in autistic spectrum disorders and positive behaviour support to prevent avoidable incidents around people's behaviours.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding concern had led to our inspection taking place earlier than scheduled based on the service's previous rating. This was regarding an incident of psychological abuse. However, we did not identify any ongoing concerns in this area during our inspection.
- The senior manager had taken appropriate action to address the safeguarding concern which led to our inspection and ensure people were safe. Further safeguarding training had been arranged for the week after our inspection in response to the concern to ensure all staff were fully aware of their safeguarding responsibilities.
- The registered manager had informed the service of safeguarding incidents that had occurred, including the one which led to our inspection. This allowed the appropriate authorities to complete investigations alongside the service where necessary and prevent the risk of further abuse.

- People and their relatives told us they felt safe at Whitmore Vale. One person told us, "Staff make me feel safe. I can talk to them if I'm worried." Another person said, "I feel safe. Nothing is worrying me." A relative told us, "I feel [my relative] is very happy there. His needs are always met."

Assessing risk, safety monitoring and management

- Risks to people were not always appropriately recorded and mitigated. For example, one person was at risk of falling down stairs due to a visual impairment and attempting to walk down them without staff support. A risk assessment was in place for this but did not include sufficient mitigation actions which could leave the person at continued risk of harm. We raised this with the senior manager who has since sent us an updated care plan for this person including risk mitigation strategies.
- However, other risks were appropriately recorded and managed. One person had a diagnosis of epilepsy. Their risk assessment stated that a sound monitor was used at night to alert staff if the person had a seizure. Staff we spoke to were aware of this and confirmed this was used every night.
- Measures were in place to mitigate the risk to people in the event of an emergency such as a fire. Each person had a personal emergency evacuation plan which outlined the individual support they would need to evacuate the building. Issues identified within fire safety audits had been resolved. For example, the path to the evacuation point was missing some paving slabs which could cause a trip hazard. These had been replaced.

Preventing and controlling infection

- Staff did not always adhere to safe infection control practices. We found clean continence pads being stored in a plastic washing up bowl in one of the communal bathrooms. Being exposed and out of the packet left them at risk of contamination from dirt and dust. We informed the senior manager of this who immediately corrected the issue and informed staff so that incontinence pads were stored correctly in future.
- Another person used a spacer for their inhaler. However, there was no cleaning record for this, and staff were unable to tell us when this had last been cleaned. We informed the deputy CEO of this who told us, "It used to be washed after every use. We will look again as it should be washed every time." We have since received evidence from the senior manager that a risk assessment and cleaning chart are now in place for the spacer.
- However, other elements of infection control were adhered to by staff. A person on one unit had developed a chest infection. Staff were seen to be vigilant of this, by washing their hands thoroughly on a regular basis, and wore personal protective equipment (PPE) for personal care and food preparation.
- People lived in an environment which was clean and free from malodours. One person said, "We help staff clean up sometimes."

Staffing and recruitment

- People felt there were enough staff to meet their needs. One person said, "There seems enough staff to me. There is always someone around." Staff echoed this.
- Staff sickness and annual leave were covered by agency staff. A staff member told us, "We use the same agency when needed, so it's the same faces and it is consistent." However, relatives did not feel this was the case all the time. One relative said, "Sometimes at the weekends they're stretched for staff. We see agency staff, but they're always different faces so it lacks consistency." Rotas showed that the same agency staff were used where possible. The senior manager informed us they were currently looking to recruit more permanent members of staff to cut down the amount of agency staff being used.
- Thorough recruitment checks were completed to ensure staff were safe to work with people. This included a full employment history and a Disclosure and Barring Service (DBS) check. This check ensures that people are safe to work with vulnerable people such as the elderly and children.

Using medicines safely

- Medicine recording practices were safe. Medicine administration records (MARs) were completed in full with no gaps, and protocols for as and when medicines were in place. These advised staff the maximum dosage a person can have of a medicine within a 24 hour period. Body maps were in place for creams to inform staff where on a person's body they should be applied.
- People's medicine administration preferences were respected. People's medical profiles included information on how they liked to take their medicines, and we observed these were followed.
- Daily temperature checks of medicine storage cabinets were completed. This was to ensure medicines had not been compromised by extreme heat or cold.
- Regular medicine competency checks ensured staff were safe to administer medicines to people. A staff member confirmed, "They watch us do a medicine round to check we're safe."

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 now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's legal rights were not always protected in line with the principles of the MCA. Decision specific mental capacity assessments had not always been completed. Instead, staff had completed a knowledge and skill questionnaire for people which had not checked their capacity to understand, weigh up and retain information in regard to a specific decision. Despite this, staff had deemed to find people lacking capacity for certain decisions, such as consent to personal care.
- Where people were deemed to lack capacity, best interest decisions had not been recorded to ensure the least restrictive options were in place. For example, one person required constant supervision in the community. There was no specific mental capacity assessment or best interest decision recorded around this. The deputy CEO told us, "That's on our action plan to do, we know that hasn't been done."
- DoLS applications had been submitted to the local authority. However, decision specific mental capacity assessments and best interest decisions were still required for the restrictions that had been applied for to be lawful.
- However, consent had been gained and recorded from people who had capacity to make decisions. This included people consenting to staff administering their medicines for them and sharing their information

with other agencies if required.

We recommend decision specific capacity assessments and best interest decisions are completed to determine if people lack capacity to consent to restrictions in place for them.

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

- Information about people's needs were gathered during pre-assessments to ensure their needs could be met before they moved to the service. This included information around people's mobility, medical conditions and dietary requirements. However, not all information gathered was transferred in to people's care plans. For example, one person's pre assessment stated they had swallowing issues but this information was not in their care plan. We raised this with the senior manager who informed us they would review people's care plans. We have since received evidence that this has occurred.
- People's changing needs were reviewed and assessed. One person had started to show signs of a cognitive impairment. A staff member told us a referral for a dementia assessment had been completed and they were waiting for an appointment.
- National standards and guidelines were used when assessing people's needs. For example, the malnutrition universal screening tool (MUST) was used to score a person's risk of malnutrition and weight loss.

Staff support: induction, training, skills and experience

- Staff were not up to date with essential mandatory training, which included areas we found concerns in. For example, no staff members had received training in positive behavioural support and working with people with a learning disability. This training is essential for staff caring for people with these needs. Furthermore, staff had not received training in recording and reporting, which we identified concerns in during our inspection. Since our inspection, four out of 14 staff members had attended a training course for this.
- Relatives also felt staff required further training in these areas. One relative told us, "I don't think they're very good caring for people with autism. They're better at helping people with physical needs like mobility issues. Just because [my family member] says no he doesn't necessarily mean it because of his autism. He needs to be understood."
- Staff were receiving regular supervision. The topic of conversation within these currently focused around ensuring staff were knowledgeable in areas such as safeguarding and providing dignity and respect to people to address the concerns that had been raised.
- Since our inspection, the senior manager has arranged further dates for staff to attend training appropriate to the needs of people they were caring for.

We recommend the provider ensures staff attend mandatory and needs appropriate training courses to ensure staff are effective in their roles.

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

- People were able to make decisions around what they wanted to eat. One person told us, "We choose the menus for the week every Sunday. I help do the cooking as best I can." We observed people helping themselves to food they wanted to eat throughout the day.
- Staff were aware of people's nutritional needs. For example, one person was on a low potassium diet. Staff were aware of this and there was guidance around what foods the person could and could not eat in their care plan.
- People's nutritional preferences were recorded in their care plans. This ensured that agency or new staff members could be aware of people's preferences if the person was not always able to communicate them.

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

- Referrals to healthcare professionals were made for people where required. One person told us, "[Staff] call a doctor if I need it." Care plans evidenced input from professionals such as speech and language therapists, opticians and the community learning disability team.
- People's healthcare appointments were explained to them. This allowed people to make informed decisions on whether they wished to attend or not. Care plans were in place to advise staff what action to take if a person made the decision to not attend an appointment.
- Healthcare professionals felt staff at the service communicated well with them. A local hospital had emailed the service stating, "You and your staff team have provided and maintained excellent communication on each admission. Your commitment with providing good communication throughout the journey of each [person's] admission has been maintained at a very high standard."

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

- People had been able to personalise their rooms to their own individual taste. Artwork people had created was displayed in communal areas. One person expressed to us they were very proud of this.
- Despite the service being delivered in an old building, the layout had been redesigned to allow clear separation of units. Each unit had its own lounge area, kitchen and communal bathroom. This allowed people with similar levels of needs to live together in smaller groups which promoted people to feel able to interact with their peers.

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 now deteriorated to Requires Improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Our inspection was in response to concerns received that people were not always being treated with kindness and respect. The senior manager informed us the agency member of staff involved in the concern had been reported to the agency and had not been used again.
- We checked if people felt they were now being treated with respect. A person told us on one occasion where they felt this had not happened. They told us a staff member had told them on several occasions to go to their room in the evening as they wanted to clean the lounge, despite the person watching a film. They said, "[The staff member] banged around when she's cleaning and I'm trying to sleep." We reported this to the senior manager who confirmed they would investigate this further.
- However, all other feedback we received from people and relatives was positive. One person said, "I love it here, the staff are so helpful." Another person told us, "The staff are very nice and kind to me." A further person said, "Staff are nice, they are caring, they listen to me." A relative told us, "They're all really caring. [My family member] is very lucky to be where he is. He's always treated with respect."
- We also received concerns that the terminology used in documents and records was insensitive and disrespectful to people. We identified examples where this was the case and raised this with the senior manager.
- The senior manager confirmed he and other members of the management team had been spending time observing care and reviewing documents in the units and feeding back to staff where needed. They had also asked staff to complete self-reflection reports on their work and identify where their terminology could be improved and arranged further training in this area.
- We observed kind interactions between people and staff. Humour was shared, and staff introduced us to people throughout the day, telling them the reason for our visit to their home.

We recommend staff receive refresher training in dignity and respect training to further ensure respectful terminology is used in documents and people are treated with kindness.

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

- People told us they were involved in day to day decisions around their care. One person told us, "I get to make a lot of choices. Like what I want to do for my birthday. I've chosen to go to London for the day." Another person confirmed staff always asked them what they wanted to wear when supporting them to dress in the morning.
- People and their relatives were involved in reviews of their care plans. One person said, "They have a care

plan for me and they ask me what I want to do." A relative told us, "We went to a meeting last week and the social worker was there too." Records of care plan reviews documented that people had been involved in the discussion and their wishes and opinions noted.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Personal care was delivered behind closed doors. A staff member told us, "If someone wants to talk to me, we go to their bedroom so it is private, and then go straight to the managers if they need something." The senior manager said, "From the observations so far I haven't had any concerns with people's dignity privacy or independence."
- People were encouraged to be independent. People who were safe to do so were able to access public transport and the local community independently. We also observed people preparing their own food where it had been assessed they were safe to.

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 Requires Improvement. At this inspection this key question has now improved to Good.

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

At our last inspection we recommended the provider deployed staff effectively to ensure people could be supported at all times. The provider had made improvements.

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

- At our last inspection, we recommended staff were deployed appropriately to ensure people were able to take part in engaging activities. At this inspection, we found improvement had been made, and people were able to partake in activities that were meaningful to them. One person told us, "I get to go out and about a lot. We go bowling and to the rural life centre. We've been to Spinnaker Tower too and I stood on the glass walkway. We go to the day centre and have parties and discos. I love music so I always look forward to this." One person's care plan identified their personal goal was to go shopping. They told us they had been supported to go to the supermarket, and also had been to the cinema which they enjoyed. A staff member told us, "We addressed we needed more staff and it did happen. We now go to garden centres, lunches, cinemas and other outings. It was brilliant to be able to do it."
- Staff knew people and their needs well. One staff member told us, "We have knowledge about their needs, from guidelines and care plans. There's a lot of information in them. We know their needs and how we meet them."
- People's individual beliefs and interests were respected. One person's care plan confirmed their religion and what was important to them because of this. It also confirmed they liked to wear black clothes. We observed them wearing clothing of this colour, and they confirmed staff supported them to practice their faith. A staff member told us, "They get treated individually and we do different things with each of them."

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.

- Care plans included information on how best to communicate with people. For example, one person's care plan stated they would require easy read documents to allow them to understand information.
- A picture chart of faces were available in MAR charts for people to indicate the level of pain they may be in. This allowed people to express themselves if they were not always able to verbally communicate it.

Improving care quality in response to complaints or concerns

- People felt comfortable to raise concerns if they needed to. One person told us, "If I was worried about anything I would speak to [the deputy manager]. Another person said, "I've never had to complain, I've always been happy here." One person had complained that they did not like decorations in the lounge and dining room of their unit. The registered manager offered to hang new pictures in these areas, which the person was happy with.
- Complaints had been appropriately recorded and dealt with by staff members. Outcomes reached were recorded as well as confirmation received from the complainant that they were happy with the result.
- The service had received compliments from people and relatives. One relative had written a card which read, "May we extend our heartfelt thanks for giving [our family member] such a wonderful birthday party. To say she was excited is an understatement."

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 now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The senior management team had been extremely responsive following concerns received by the local authority regarding potential abuse and shortfalls in delivering compassionate care to people. The operations manager told us, "We are doing supervisions with all staff members to check their understanding of safeguarding and terminology used to ensure everyone is on the same page." Members of the senior staffing team were in the service daily to observe and assess the care being delivered and feedback to staff where required. They had also arranged further training for staff members in areas such as safeguarding to ensure every reasonable step possible had been taken to ensure people were receiving good care.
- Quality audits completed prior to the safeguarding concern had not identified the issues we identified on the day of the inspection, such as risk management and fulfilling the principles of the MCA 2005. Issues we raised were looked in to immediately by the senior management team and we have received evidence of improved practices in these areas since our inspection.
- The senior manager was honest and transparent about how the current concerns raised were missed. They told us, "Monthly audits were happening before by senior management. The biggest learning curve is that they were not robust enough. The trust was there [with the previous manager] and we believed it was what we were told it was. We didn't check hard enough."
- An action plan had been compiled following feedback from CQC and the local authority. The senior management team and staff have evidenced they are working towards completing the actions identified as requiring improvement and have been openly sharing the progress with the involved authorities. The deputy CEO told us, "We accept and recognise there are shortfalls at the service. We can assure you we will put this right."

The provider had not identified shortfalls in the service by ensuring there were effective systems and processes in place to assess, monitor and improve the quality of the service. This a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- The senior manager had plans to ensure the improvement of the care being delivered. They told us, "There's going to be a lot of mentoring and monitoring. That will carry on until we know it's a sustained

improvement. As the responsible person I need to know the culture we want in the staffing team is completely embedded."

- There were also plans to move care plans from paper to electronic care files. This would allow all care plans to receive a full review in the process to ensure the information is up to date and current.
- There were strong working relationships with outside organisations. This included Surrey Care Association, in which services were able to share and receive best practice information.
- The senior management team were currently working extremely closely with the local authority and other professionals such as speech and language therapists to ensure safeguarding concerns were fully investigated and appropriate action taken.

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

- Relatives did not always feel staff kept them up to date with important information about their loved ones. One relative said, "I feel I've been missed. I've asked them to keep me updated but they seem to forget to." Another relative told us, "I am upset they put [my family member] on a drug without telling me, I've had a terrible time with him since he's been on it. They didn't tell me anything about it."
- However, people and their relatives felt the management team were approachable. One person said, "[The deputy manager] is really nice." A relative told us, "[The senior manager] is good, he's trying his best to change things." Staff echoed this, with one of them telling us, "Usually [the management team] are on the floor and visible. The office is open and everyone helps. When I need a manager they are there. I've never had a problem finding them, they spend a lot of time with us." Another staff member said, "We get what we need, we only need to ask."
- Additionally, the senior manager who was currently in charge of the day to day management of the service felt supported by their own line manager. They told us, "We communicate freely and openly to support each other. Someone from the senior management team is in every day at the moment."
- Despite the concerns raised, there was a clear positive culture within the service to ensure people received good care. One staff member told us, "I really enjoy working here and love customer interaction. I wanted to give something back and this is a very rewarding job." Another staff member said, "I would say it makes me happy if people are happy. I can see their faces and it's very important and nice to me."

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

- People were able to feedback their suggestions and opinions on the service. One person told us, "We have meetings together sometimes. We talk about what things we want to do." Residents meetings were occurring on a monthly basis, with topics discussed including ideas for activities, and safety in the community. The meeting from the minutes were in a pictorial format so people were able to understand them.
- People and their relatives were also able to feedback their opinion of the service through regular questionnaires. Comments received in the latest residents questionnaire in January were positive. These included, "Staff help me, they are very nice. It is a very nice place to live", "I feel safe here. Everyone here is my friends and family" and "Staff speak to me nicely and support me very well. I like all the staff here." In a relatives questionnaire, one relative had commented, "[My family member's] views are always listened to and treated with respect, even if they are impractical. I consider them very fortunate to be living at Whitmore Vale."
- Regular staff meetings were held to ensure staff were up to date with important updates and information. The recent concerns raised were discussed in a team meeting. This allowed all staff to be addressed and for them to feedback any concerns they consequently had.
- Visiting healthcare professionals were asked to complete feedback forms for the service. All of them had

been completed with praise for the service, with one stating, "I'm impressed by the inclusive approach."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service failed to ensure effective systems and processes were in place to assess, monitor and improve the quality of the service.</p>