

Whitmore Vale Housing Association Limited

The Pines

Inspection report

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Ratings

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

Summary of findings

Overall summary

The Pines is registered to provide accommodation with personal care for up to five people with physical and learning disabilities. At the time of our visit five people lived at the service.

At our last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were supported by sufficient, skilled staff to meet their needs and robust recruitment processes were in place to ensure only suitable staff were employed. Staff were aware of their responsibilities in safeguarding people from abuse. Risks to people's safety were identified and control measures implemented to keep people safe. People received their medicines safely and in line with prescription guidelines. Accidents and incidents were reviewed and action taken to prevent them happening again. The provider had developed a contingency plan to ensure that people's care would continue in the event of an emergency.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People received support from staff who knew them well and positive relationships had developed. Staff treated people with kindness and were aware of their preferences. People's religious and cultural needs were respected and staff demonstrated a good understanding of people's communication styles.

The service worked closely with healthcare professionals to ensure that people's healthcare needs were met. People had access to nutritious food of their choosing. People's care records were person centred and completed in detail. Care plans were regularly reviewed and updated to ensure staff had up to date guidance regarding people's care. People had access to a range of individual activities in line with their interests.

Staff received on-going training and induction to support them in their roles. Staff received regular supervision and told us they felt supported by the registered manager. Systems were in place to monitor the quality of the service provided and ensure continuous development. There was a complaints policy in place and relatives told us they would feel comfortable in raising concerns. The service worked proactively with other agencies and shared best practice through their attendance at registered managers meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

The Pines

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 a comprehensive inspection.

The inspection took place on 24 October 2017 and was unannounced.

Due to the small size of the service the inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

As part of our inspection we spoke with one person who lived at the service and observed the care and support provided to people. We also spoke with the registered manager and three staff members. Following the inspection we spoke with two relatives.

We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, two staff files, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at the service. One person told us, "I'm safe with the staff here." One relative told us, "I think they are very safe. They use the hoist and take a lot of precautions with everything." Another relative told us, "I do feel its safe. If I have any issues I bring them up and they act on them."

Risks to peoples safety were assessed and action taken to minimise the risks to people. Comprehensive risk management plans were in place and support plans gave guidance to staff on how to minimise risks to people's safety and well-being. Where people were assessed of being at risk of developing pressure sores detailed guidance was available to staff on how to support people with their personal care, the application of creams where required, repositioning and staff observations. Following any accidents or incidents care records were reviewed to ensure that appropriate guidance was in place to prevent the accident or incident happening again.

People were protected from the risk of abuse as staff were aware of their responsibilities in this area. Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse people may experience and their role in reporting any concerns. Guidance regarding reporting procedures were clearly displayed in the service.

People received their medicines in line with prescription guidelines. Medication was securely stored in lockable cabinets. Each person had a medicines administration chart (MAR) in place which detailed prescribed medicines, an up to date photograph of the person and any known allergies. All MAR charts were fully completed. Guidance was provided to staff regarding the administration of 'as and when' required medicines (PRN). The service PIR stated that two recent external medicines audits had found the service to be managing people's medicines well. This was reflected in our findings during the inspection.

Sufficient staff were deployed to meet people's needs. We observed that staff were available to support people both at home and when accessing the community. Rota's showed consistent staffing levels were in place. The registered manager told us that there was some agency staff used at the service although these were regular agency staff who knew people well. Relatives told us they felt there were enough staff available to respond to people's needs. One relative told us, "There always seems to be enough of them around. They always seem covered."

Robust recruitment procedures were in place to ensure staff employed were suitable to work at the service. Disclosure and Barring Service (DBS) checks for staff were completed before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained an application form, proof of identity, references from previous employers and evidence of a face to face interview.

Regular health and safety and maintenance checks were completed to ensure the premises was safe. A fire risk assessment had been completed and personal emergency evacuation plans were in place for each

person which detailed the support they would require to leave the building in the event of an emergency. A contingency plan had been developed which provided contact details and guidance to staff on the procedures to follow should the building not be available for use. This meant that people would continue to receive their care in an emergency situation.

Is the service effective?

Our findings

Relatives told us they felt staff were skilled in their roles. One relative told us, "Staff do have the skills and are very much on the ball." Another relative told us, "The staff are skilled and they show initiative."

Staff received the training they required to ensure they were effective in their roles. The registered manager maintained detailed training records which showed staff had completed training in areas including first aid, food hygiene, moving and handling, equality and diversity, dignity and respect and infection control. In addition training specific to the needs of the people living at the service was provided including epilepsy and pressure sore prevention. Staff told us they found the training useful in supporting them in their role. One staff member told us, "All the training can be applied to the role here." New staff were supported through an induction period when starting work at the service which included completing the care certificate. The care certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

Staff received regular supervisions to monitor their performance and support them in their job role. Records showed that supervisions were completed in line with the provider's policy. Staff told us they found the process useful for their development. One staff member told us, "Any problems are listened to. It's useful to know what's positive and to know what you can do to make things even better."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service had systems in place to ensure that people's legal rights were respected and that the principles of the MCA were followed. Where required capacity assessments and best interest decisions had been completed with involvement of family members and relevant professionals. DoLS applications had been submitted to the local authority where restrictions were in place such as bed rails, wheelchair straps or audio monitoring in people's rooms. Where DoLS had been authorised by the local authority conditions set were being adhered to. We observed staff gaining people's consent and agreement prior to providing care. Relatives confirmed that MCA and DoLS processes were correctly followed. One relative told us, "They contacted us and discussed it. They understood the best interest process and consulted us about it."

People were supported to access healthcare professionals when required. Records of healthcare appointments were detailed and advice provided was followed. The service had received a number of compliments from healthcare professionals regarding the care people received and the clear information presented by the service during health consultations. Feedback from one healthcare professional stated, 'You provide such good care to your residents when they are in hospital'. Relatives told us that healthcare concerns were promptly addressed and they were kept informed of the outcome of appointments. One relative told us, "(Family member) was very ill last year. We are still so grateful for the support offered to us all. I can't say enough about them. They always kept us up to date with what was happening." The service worked closely with the community learning disability team to ensure people received the support they

required to understand their own healthcare needs. One person showed us the information they had regarding their complex health condition in an easy read format. They told us they kept the information in their room and could discuss it with staff at any time.

People were supported to have a healthy diet in line with their preferences. Menus were discussed with people on a weekly basis. Pictorial menu options were used to support people in making choices. Guidance was available to staff regarding people's preferences and how they required their food to be prepared. We observed that this was followed and that choices were offered. People and their relatives told us that the food prepared was of a good quality and that any cultural requirements were catered for. One person told us, "The food is nice." One relative told us, "(Family member) doesn't eat certain meats and they always offer an alternative."

Is the service caring?

Our findings

People and their relatives told us that staff were caring and respectful. One person told us, "The staff are nice here." One relative told us, "There is always a happy atmosphere. They are very caring and everyone is always happy." Another relative said, "It's the little things they do like doing their nails and making sure she always looks cared for."

We observed people and staff had developed positive relationships. Most people had lived at The Pines for a number of years and staff knew them well. Staff we spoke to demonstrated a good knowledge of the way people preferred to be supported, their needs, likes and dislikes. We observed staff interacted positively with people and respected their wishes.

People's dignity and privacy was respected. We observed staff knocked on people's doors before entering and personal care was provided with doors closed. Where people preferred their support to be provided by staff either male or female staff this was recorded in their support plan and records showed this was respected.

People were supported to maintain relationships with those important to them. Relatives told us that they were made to feel welcome when visiting the service. One relative told us, "They always make us feel welcome. They involve us in all decisions." Another relative told us that staff supported their family member to visit them at home regularly and were flexible regarding the timings of the visits.

People's cultural and religious beliefs were respected. One family member told us, "They always remember the different festivals that are important and remind us that (name) needs new clothes for them. They recently put up decorations and celebrated Diwali. They like doing it." Care records confirmed that people were supported to practice their faith and staff were aware of people's individual needs.

Staff demonstrated a good understanding of the way people expressed themselves. With regards to communication one relative told us, "They probably know more than we do now. They pick up on her expressions." Care records contained detailed descriptions of people's communication needs. The service worked in line with the Accessible Information Standards which are designed to ensure that health and social care staff are aware of any sensory impairments people may have that may affect their communication. We observed staff communicated well with people in a manner which suited their individual needs.

Is the service responsive?

Our findings

Relatives told us that staff ensured they were involved in their family members care and were open to suggestions. One relative told us, "They respond to everything so well and will look for solutions to any problem. They really listen." Another relative told us, "Everything done is for the individual."

Care was person centred and individual. Care plans were completed in detail and reflected people's personalities and preferences. People met with their keyworkers on a monthly basis and goals were set for the following month. These included things the person would like to do and any changes to their care. Reviews of care plans were held and families were fully involved in this process where appropriate. One relative told us that staff were proactive in the support they provided, "They show initiative and have ideas." They described how staff had suggested a 'fiddle mit' to alleviate a specific behaviour. This had proved successful and we observed the person using the mit during our inspection.

People had access to a range of activities in line with their interests. The registered manager told us this was an area the service was continuing to develop. Individual activity records were completed to help staff build a picture of the activities people enjoyed and how they responded. During the inspection we observed a number of people attended various day services whilst others went out for coffee or shopping. Staff were able to tell us what activities people enjoyed and how they liked to spend their time when relaxing. Relatives told they felt the activities provided met their family member's needs. One relative told us, "She has very busy days, going to day service, out for walks, aromatherapy, raki, film sessions and loves listening to her music." One person told us they enjoyed spending time doing jigsaws and puzzles and staff respected this.

There was a complaints policy in place which was clearly displayed in a pictorial format. Records showed that no complaints had been received since our last inspection. Relatives told us they would feel confident in raising concerns with the registered manager. One relative told us, "I've never had to make a complaint. (Registered manager) always listens and addresses any concerns we might have."

Is the service well-led?

Our findings

There was a registered manager in post who was present during the inspection. 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 2008 and associated Regulations about how the service is run.

Relatives told us they felt the service was managed well. One relative said, "(Registered manager) is so responsible and responds to anything we say." Another relative told us, "Everything is fine; we know the manager will address things." We observed that the registered manager knew people living at The Pines well.

There was a positive, person centred culture within the service. The registered manager had worked with the staff team to develop a set of 'ethics' the team should work to. Staff we spoke to were able to describe the way in which the team worked together and were clear that a person-centred approach was at the centre of their role. Regular team meetings were held and staff told us they felt able to contribute ideas to develop the service. Records showed the staff team had received a number of compliments from senior staff within the organisation regarding the care they had shown to people they supported.

Regular audits were completed to monitor the quality of the service provided. Audits were completed by a senior staff member within the organisation and covered areas including security of the premises and records, care plans, staff training, supervision and observations of care. Records showed that any concerns identified were responded to promptly and reviewed during the next audit. The registered manager had developed a service action plan to ensure that the service continued to develop. The registered manager told us, "We move forward and don't sit still. We're continually striving to develop. I'm very proud of the home and the staff."

The service worked proactively with other agencies. Due to positive relationships developed with a local hospital the registered manager had been invited to speak at a learning disability awareness day for clinical staff. The presentation concentrated on ensuring good support was offered when planning discharges from hospitals to prevent re-admission. The feedback from hospital staff was positive and demonstrated they understood how discharges could be planned more pro-actively. The registered manager attended a number of manager's forums including Surrey Care Association and Skills for care. The registered manager told us they found the meetings helpful in sharing best practice.

Records were stored securely and in an organised manner which provided staff with quick access to information. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.