Aitch Care Homes (London) Limited

Whitehatch

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Outstanding ☆
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Whitehatch is an adapted residential care home providing personal care and support for up to 11 people with complex physical and learning disabilities. At the time of inspection there were nine people living at the home.

The service applied the principles and values of Registering the Right Support and other best practice guidance for people with learning difficulties and autism in a consistent way. Each person lived as full a life as possible and achieved the best possible outcomes that include control, choice and independence.

People's experience of using this service and what we found
People living at Whitehatch were exceptionally safe. People were supported in innovative ways to learn about the risk of abuse. They were encouraged to speak up for themselves and others about anything that concerned them. People were empowered to take control of situations, and be actively involved in managing their own risks, tackle safety issues and to live as full a life as possible. Where individual risks were identified, actions were taken unobtrusively to enable people to be and feel safe but not held back. There was a good team of skilled staff to safely meet all of people's needs.

People enjoyed a very good quality of life. Feedback we received from people's relatives was very positive, confirming how safe, happy and contented people were. A healthcare professional also said, "Whitehatch is a happy home to live and work in." Everyone received personalised, planned, and co-ordinated support that was appropriate and inclusive.

People received high quality care and support that was carefully tailored to each individual. Visiting professionals and families praised the excellent results of the person centred care provided. The service developed community contacts and experiences for people to address issues and inequalities that might prevent them taking part. People were supported to develop new skills and staff were exploring opportunities for volunteer work for some people.

People's communication needs were known and addressed by staff who were creative and persistent in bringing out the best in each person. Staff had developed their skills to enable each person to increase their communication and their choices.

The staff and managers had gone 'over and above' in the way they had supported two people who had died in the last year. There had been a personal and responsive approach to helping those who were bereaved to feel comforted.

People's health and wellbeing was given priority. Staff were pro-active in ensuring specialist health advice was sought for people when needed. People ate well and were actively involved in choosing their meals and with food preparation where possible. People's dietary needs were well understood and managed by staff.

The home was well adapted to meet people's needs and to promote and allow people to have their independence and freedom.

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

Staff were consistently caring and kind. One relative said, "Staff have varied over time, but the warm atmosphere has been present throughout." Staff were observed interacting positively with people, having fun and speaking with respect at all times. Families were kept informed about people's lives and involved in decision making. People were enabled to express their wishes and feelings.

The service was very well led by an enthusiastic and experienced registered manager and deputy manager. Together, they provided consistent leadership that was strong, organised and able to deliver elements of outstanding practice within the service. There was an inclusive and person-centred approach where people and staff felt involved and valued. There were plans to continually improve the service and create even more opportunities for the people they supported.

Rating at last inspection
The last rating for this service was Good (published 5 December 2016)

Why we inspected
This was a planned inspection based on the previous rating.

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

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 exceptionally safe.
Details are in our safe findings below.

Outstanding ☆

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good

Is the service responsive?

The service was very responsive.
Details are in our responsive findings below.

Good

Is the service well-led?

The service was consistently well-led.
Details are in our well-led findings below.

Good

Whitehatch

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector over two days.

Service and service type
Whitehatch 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. We visited the service on 6 June and 10 June 2019.

What we did before the inspection
We reviewed the information we held about the service. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about. The provider had not been asked to complete a provider information return prior to this inspection. This is information we usually require care providers to send us with key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service. We used the information we had to plan our inspection.

During the inspection

We completed a check of premises and spent time observing how staff cared for and supported people. We spoke with three people and observed the support provided to those people who were unable to talk with us. We spoke with three of the support staff, the registered manager and the deputy manager. We reviewed two people's care records, looking at risk assessments, communication and evidence of personalised care. We examined the medicines administration practice and records. We looked at two staff recruitment files and other records relating to the management of the service, including policies and procedures, were also reviewed.

After the inspection
We continued to seek clarification from the provider and received further evidence. We looked at training data and quality assurance records. We received written feedback from three professionals who regularly visit the service and from two relatives.

Outstanding ☆

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 had improved to be Outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

● People's lives had been changed through positive risk taking. Some people had achieved goals which were previously considered unattainable. One person, with mental health needs, had been taught to take charge of, recognise and manage their own money. They had not been given this opportunity before. A financial risk assessment identified where they needed support from staff and how their money could be kept safely. Staff taught the person how to budget and gradually increased their responsibility choosing when to spend their money. This meant the person now felt in control of their life and had increased confidence when shopping and taking part in activities they needed to pay for.

● People were proactively engaged and supported to campaign for changes and to minimise risks with their environment. Three people using wheelchairs had reported at the monthly house meeting they were anxious about accessing the community due to the state of the pavements and overhanging bushes outside of the home. There was a lack of visibility on the road due to parked cars and no mirror or sign to assist them to cross the road safely. Staff enabled people to write to the council and the local MP and supported them to take photos of all the issues they faced. These actions had made a big impact on people's safety as well as for others in the community. The 'path campaign' led to a drop kerbed being positioned in front of the home, new road markings, parking and penalty notices have all been put in place all of which supported safe access by wheelchair users.

● People were enabled and actively involved in managing their own assessed risks. One person had been supported by their psychologist to identify the triggers for behaviour that challenged others. They were then empowered to lead a training session for the staff to know how to best support him. They were helped to share the strategies that most helped them in a booklet form. The person asked for the booklet pages to be laminated and placed on their wall so that this could be a prompt for them and the staff. As a result, this person was calmer and able to take greater ownership and control in managing anxiety and behaviours. This person told us that it meant "Staff listened and understood," and that they now felt able to, "Tell the bad voices to go away." We observed how staff put strategies into practice and the positive impact on this person's mood and wellbeing. The deputy manager told us said, "We have all seen such a positive change."

● The service had fought for new solutions and treatment that enabled people to live with as few restrictions as possible. Staff were proactive and persistent about making a strong case for a new medical solution for one person who was at high risk of frequent seizures. In doing so, they worked closely with the person's family, epilepsy nurse and the medical team and ensured the person attended all their appointments. Because of the intervention, the number of seizures the person experienced had been reduced from 130 seizures per month to nearer 30 and their ability to enjoy life had greatly improved. Staff told us of the impact. "Now [person] can take part in things, like making breakfast in the kitchen. We can see it in their

engagement with us. It has also meant they are calmer, and any seizures are less distressing." The person was now able to interact with staff and benefit from new activities.

● The service creatively used technology to support people with complex needs to have more autonomy. A smart remote access camera was used with people who needed continuous supervision but did not always like staff with them. This meant staff could be aware of, and reduce risks, in a less intrusive way and enable people to have privacy and be alone when they wanted.

● The staff worked creatively to maximise people's control whilst keeping them safe. One person had been accessing the internet in a potentially unsafe and inappropriate way. Staff worked with the person to teach them how to stay safe and consider other ways of meeting their needs, whilst not restricting their freedom to explore and develop.

Systems and processes to safeguard people from the risk of abuse

● People were supported in very creative and original ways to be safe from the risk of abuse. Staff had designed a highly interactive, innovative and visual game which taught people with communication needs about abuse and how they could protect themselves. The game engaged with each person and was tailored to meet their needs. One person told us, "It was a really good game." As a result, they had shared something that troubled them, and their concerns were addressed. The success of this approach had now been shared by the provider with their other services, and with agencies in the NHS, to support more people who could benefit from the game. Staff had also gained knowledge and skills. One staff member told us, "It has meant we make sure safeguarding is a priority and we all talk about it."

● People were empowered to speak up about their concerns. People who were unable to verbally communicate were buddied up with a friend who could speak. Staff told us, "This means those who are able to are looking out for another person and report for them if they see anything that concerns them." We noticed how people were attentive to each other and how one person checked on another when they stayed in their room. One person told us what it meant to be a buddy, saying, "I can help [person] speak."

● People were exceptionally safe. Relatives of people praised this aspect of the care. One said "I feel he is safe. His relaxed demeanour reflects this." Another told us, from the person's body language, "I clearly sense [person] feels at home and safe at Whitehatch." One person had moved to the home and their relative had written to thank staff, saying, "For the first time in 22 years, I can sleep without worrying or anxiety. I was always asking God to not let [person] live long after me, because I would never be in peace not knowing how he was treated. But now since [person] has been with you, I never wish any such thing."

● People were protected by staff who could recognise if or when people felt unsafe on anxious. Staff were vigilant and noticed where each person was and what they needed, acting in a natural way. One staff member said "We don't rush people, they can take their time. We always give reassurance." A person said, "I feel safe and looked after. If I had a worry, I can tell someone." Staff had received additional training to support their safeguarding practice, for example on mental health awareness, sexuality, and positive support to manage behaviour that may cause a risk to others.

Learning lessons when things go wrong

● People were very well protected in the event of an emergency or fire. The service had proactively developed new fire procedures following a near miss incident. Although the fire service had attended and praised the staff at the time of the incident, the registered manager used this as an opportunity to seek out best practice advice on evacuating people from the building. The fire service visited and advised an approach to use at night time when there were less staff available. Staff worked with the fire service to update people's personal emergency and evacuation plans and include any known risks. All staff were required to read and sign to show they knew the changes and fire safety was always discussed at the team meetings to ensure improvements were embedded and the service was always safe.

● There was a very open approach to learning, with staff reporting any incidents or safety concerns. Changes

in people's behaviour were carefully noted and used to explore and understand what further support was needed. Action was taken to protect people from any poor staff performance. The registered manager acted swiftly and used any incidents to ensure staff were aware of the correct practice.

Staffing and recruitment

● There was a safe and exceptionally inclusive approach with the recruitment of staff. Two members of staff had reasonable adjustments made due to their own disabilities. Risk assessments and plans were in place that ensured their own and people's safety was always considered. Specific adjustments included access to certain foods at work, time out when required and sharing emergency information with other staff. The managers ensured that staff with a health condition or disability were treated without prejudice and valued within the team.

● Staff recruitment practices were safe. Prior to starting work, at least two references, a health questionnaire and statutory checks of identification and criminal record were undertaken to ensure staff were suitable to work with vulnerable people.

●People were supported by enough competent staff to meet their needs. People who could speak to us said there were staff to support them and take them out. Day to day staffing levels varied based on people's activities and the level of support required to enable these. There was always a minimum of four support staff. One staff member said, "We always have enough, and we have extra when people are going out. We have one driver."

● Staff were very proud to work at the service. The deputy manager said, "We do not use agency staff. We are lucky, we have a good team to cover sickness or absence." Staff who had worked there before had come back to work as bank staff. One member of staff told us, "I have worked in other places, it's one of the best homes I've worked in. We all work to similar aims to support people and their safety."

Using medicines safely

● People's medicines were managed in a consistently safe way that also promoted people's independence. There was a medicines assessment in place for each person, including what they could understand and do for themselves. Each one included the aim to "Promote independence with medicines wherever possible." These were reviewed six monthly or sooner if anything changed.

● People's medicines administration records (MAR) were completed clearly and were well organised with no errors. As one member of staff had a visual impairment the MAR was developed in large print. The storage of medicines was safe, being kept in a separate locked room and the temperatures were monitored twice a day. Weekly and monthly medicine audits were undertaken, with the latter completed by the registered manager. These ensured safe practice was maintained.

● Staff were competent to administer medicines, and this was reviewed, observed and evidenced twice a year. One staff member told us," We always ensure it's the right person, right medicine, right time of day, and the right dose." Staff were supported with additional training and competency to meet the specific needs of people, for example glucose monitoring for diabetes, and any changes in practice which occurred.

● People who required additional emergency medicines for epileptic seizures, or other 'as required' medicines, were protected by having robust and clear protocols for staff to follow. There was always a trained member of staff available in case of the need for emergency medicine as some people had a very high risk of seizures.

Preventing and controlling infection

● People lived in very clean environment and staff acted to prevent any spread of infection. People were involved in food preparation daily and were supported to follow good hygiene practice. One person was wearing protective gloves when handling and cutting vegetables and a staff member supervised. There was information on display in the home reminding staff of best practice in this area.

● The home had a clear cleaning regime. The registered manager was infection control lead and kept a check on cleanliness in the home. One staff member said, "Whoever is responsible for each person in the morning must also clean the person's room every day and we change bedding daily too." A deep clean of each person's room was undertaken once a week. People living at the home were involved in this activity.

Good

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 remained Good. This meant people's outcomes were consistently good, and feedback confirmed this.

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

● People's needs were assessed prior to them moving to the home. There was a holistic and comprehensive assessment for the person who had moved in the last year. This had involved key people in their life and a multi-disciplinary team in line with best practice and Registering the Right Support. This led to referrals being put in place with professionals such as the dietician or speech and language therapist. The registered manager said, "As [person's] needs were complex on paper, we had a meeting. We always need to check we have the accommodation, equipment and ability to meet needs."

● People were matched with a staff keyworker who had specific knowledge of their needs, wherever possible. Best practice advice was sought about people's complex needs, for example the occupational therapist about equipment and moving and handling or from the epilepsy nurse. We noted that specialist information about people's conditions such as diabetes, or their emergency medicines were researched and made available for staff in people's support plans.

Staff support: induction, training, skills and experience

● People were supported by a team of staff who had the skills and knowledge to give good care. All new staff completed a 12-week induction before they were confirmed in post. They completed mandatory e-learning, shadowed staff for three weeks and were also observed for confidence and competence. One staff member who started about a year ago said, "I completed all the mandatory training when I started. Since then, I have done further classes on medicines, safeguarding, sexuality awareness, Makaton (a method of communication using signs and symbols), mental capacity and mental health."

● Staff were supervised regularly and supported to develop their knowledge and skills. Supervision took place each quarter with an annual appraisal system in place. Personal development plans were in place and staff encouraged to fulfil their potential. One staff member told us, "I have supervision every three months and training is offered." A professional also told us, "All staff are very knowledgeable about the people we see and seem very well trained. They are also eager to increase their knowledge."

● There was good oversight by managers of the training needs of staff. Records on staff training and supervisions were well organised. Staff were encouraged to take responsibility for their own learning and any updates. For example, a copy of the colour coded training plan was displayed where staff would see it daily, reminding them of any updates they were due. The registered manager had requested additional training to include bespoke subjects that were relevant to the people they supported, for example, diabetes, epilepsy and conflict management.

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

● People were supported to eat healthily and to choose the meals they liked. Each person had a turn to

choose the main meal of the day and the week's menu was displayed in the dining room. People who were non-verbal were supported to choose using a picture booklet of different meals. Staff told us, "At breakfast and lunch, people can see what they want to have and make a choice." Fresh vegetables were used in meals and fruit was available during the day. The registered manager later told us, "All meals were cooked from scratched and no processed foods are used." One person said, "I had sandwiches today (lunch). I like the food we have."

● People's dietary requirements were known, and care was taken to meet people's needs. There were people who had a gluten or dairy intolerance. The meal plan highlighted where these were present in the main meal so that an alternative would be offered. Gluten free food was kept in a separate cupboard in the kitchen. One person had an allergy to cheese and staff were aware of this.

● The service sought advice from professionals to meet people's complex needs about eating and drinking. The dietitian had supported with a person who needed to increase their weight and the advice was being followed. Other people needed help due to their physical condition, affecting their swallowing and speech and language support was in place.

● People's fluid intake was monitored and supported. There were daily fluid intake charts in place for people and in hot weather staff were more careful to ensure people were drinking enough. There was a choice of hot and cold drinks available during the day. Those who were able were encouraged to get themselves a drink of their choice.

Staff working together and with other agencies to provide consistent, effective, timely care

● Staff communicated well with each other and outside agencies and professionals. Due to the complex needs of people, the service worked with a range of professionals to ensure needs were met. This included the wheelchair services, physiotherapist, psychology and psychiatry.

One care professional said, "All health care appointments are up to date. I am informed of any changes of needs." Another told us, "I have experienced good communication, always returning calls and emails and find them proactive generally."

● There were systems in place to support good team work and communication within the service. There were two handovers each day and a communications book to record any important information that needed to be known by all staff.

● When people moved between care settings there was a 'care passport' in place. This detailed how the person communicated, and any essential support they required away from home. However, we learnt that staff always accompanied people to hospital and appointments whenever this was needed. A relative recently praised staff after a person was admitted to hospital, saying, "Thank you to you and your team, who…. obtained the critical care he required to pull him through."

Supporting people to live healthier lives, access healthcare services and support

● People were well supported by staff who were vigilant about people's healthcare needs. Each person had a very individual health action plan which was well organised and detailed all their health appointments, such as the dentist, optician, GP, or specialist nurse. One person had recently been seen by the chiropodist. People's dental care records were up to date. Each person had a complex health need that required staff to be aware of. Information and training were made available to support staff.

● Staff were knowledgeable about the support that people with diabetes needed. There were good records of the twice daily checks undertaken and what, if any, action was taken. Staff had access to information about giving insulin and all the team received training to do this. One staff member said, "We monitor closely and watch [person's] mood. There is a glucose gel patch to take out with us."

● People were being supported to protect themselves from the risk of cancer by checking for signs during personal care routines. Posters and videos had been used to help people and staff to understand the risks and what to look for.

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

● The home environment was very suitable to meet people's needs. There was hard flooring throughout the home, which enabled people in wheelchairs to move about easily. People had access to their own adapted shower room and the mobility aids they needed. Equipment was sought when people's needs changed. For example, a riser cushion was recently purchased to help a person get up more independently from a chair.

● Photos, pictures and sensory items were used in the home to engage people as well as enabling them to recognise rooms. Each person's room had a professional looking black and white photo of them outside. People's rooms had been decorated in the way they had chosen.

● The provider had plans to change the kitchen and dining area to be more open plan. This would enable more people to be involved in cooking and food preparation. However, the existing dining room was used to good effect for group cooking sessions.

● People had access to an outside space that was private and well maintained. It was suitable for outdoor activities. A specially adapted garden swing chair was in place and we saw how much one person enjoyed using this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People's rights were protected by staff and they supported people to make decisions for themselves wherever possible. Staff had received training in applying the mental capacity act and to use the least restrictive practices when supporting people. One staff member told us, "[Person] likes to know what is going on every day. I always consult him." Another said, "We always explain and talk about what we are going to do and include them in decisions. If they cannot decide, we still talk about it with them."

● People who had the capacity to do so had signed their own consent forms to agree to staff supporting them with personal care, access to their records, medicines and finances.

● Where specific decisions were made in people's best interests, the service was acting lawfully. There was evidence that people's mental capacity had been assessed and any decisions made in their best interests were well documented. For example, there was a record of the decision to give a person their medicines hidden in their food. Where a medical procedure was to be carried out on a person, the assessment and best interests meeting was completed prior to anything taking place and involved all the relevant and key people. The staff worked with health specialists and families in making any significant clinical decisions.

● The service had applied to the local authority for a DoLS for five people. Recently, they had reviewed these and had resubmitted two with changes in people's care.

Good

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 remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were consistently treated in a positive and caring way. All staff spoke in a kind, affectionate way with people. Feedback we received confirmed this was always the case. One professional told us, "I have never witnessed anything but kind care, respect, dignity and enjoyment of their working relationships with the people they support." Another told us, "The staff from my observations were kind, enthusiastic and treated people with respect and dignity."
- People were treated with respect and staff spoke to people as equals. When a person displayed frustration and hit the walls, they were asked quietly, "Are you alright" and, "Do you want to talk about it," They were given privacy and support in a way which helped them manage their feelings. Another staff member politely asked a person where they wanted their lunch and encouraged them to eat.
- There were very good relationships in place. One professional said that staff, "Make real efforts to see their residents happy, smiling and laughing." The registered manager made a person laugh saying to them, "You are just too gorgeous." A person's relative told us, "[Person] is encouraged to be active and participate and relates well with staff." Each person was treated individually, and there was natural fun and laughter during the day.

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

- People were supported to be themselves and express their views. One person told us, "They ask me what I'd like to do." Later, we saw the person engaged in a card game they liked to play with staff. Another person had slept in late that day, by choice. One person had asked why photos of staff were up by the front door, saying. "It's our home." The deputy manager said, "We took them down and now we have photos of the people who live here."
- People were listened to at the monthly meetings with their keyworker. Some people had chosen who they wanted as their keyworker. At the meetings, notes were made of people's views of activities, their health and whether anything had upset them. For some people this was based on staff observations of the person's mood and non-verbal clues. A staff member said, "We ask them about activities, or work out what they enjoy." One person said at their recent meeting, they would like to attend a day centre again and make friends. This was being explored.
- People's emotional needs were known and addressed. A person was upset they could not get their usual coffee as the machine was broken at the coffee shop. The deputy manager offered to go with them to a local garage where they could get a coffee, which they were very pleased about. One person was missing their friend who had died a few months ago. The deputy manager said they had identified someone living in another nearby home who the person might get along with. They had arranged for them to meet next week.

Respecting and promoting people's privacy, dignity and independence

● People's privacy was respected. One person had been locking their door at night as their sleep was disturbed by staff checks. This was discussed with the person as there were safety issues. A compromise was reached with the person where they did not lock their door, but night staff were informed of the decision not to check on the person. Other people had notices on their doors telling staff to knock and wait for permission to enter.

● People's independence was promoted. Each person had personal goals that they agreed with their keyworker. A staff member said, "Yesterday, [person] helped me with the dinner. He helped grate the vegetables." Another staff member told us of how they supported one person. They said, "We have to take time with [person]. It's at his pace, but we have the time. He can brush his own teeth and wash himself, we support." In the dining room, there was a one cup machine and some people were able to make their own drinks during the day.

● People with complex needs were supported carefully when moving into the home. Care was taken to prepare existing residents and compatibility within the household was given attention when assessing new people. Where one person had moved in, careful preparation and a period of transition was used to allow everyone involved to feel supported and comfortable.

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, the rating remained Good. This meant people's needs were met through good organisation and delivery and were tailored to meet the needs of individuals. The service met the aims of Registering the Right Support which sets the standard for personalised care for people with autism or a learning disability.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were central to their support plans. Detailed information was in place to guide staff on the most effective way to communicate with each person. These enabled staff to understand non-verbal clues for many situations such as when people were tired, interested, expressing a feeling or needing personal care. Professional feedback was positive with one telling us, "The staff team appear to go the extra mile and ensure choices are given by using accessible information and objects of reference."
- The staff had learnt and used 'intensive interaction' with people, which is a specialist communication method used with people who were non-verbal. Eye contact, facial expressions, and vocalisations were used to develop conversation and understanding. One person who had been had been very withdrawn and uncommunicative had been transformed by staff using the method. The person now used some words and were communicating their choices, such as a drink they liked, where they wanted to sit. Their achievements also meant they could now communicate with their parent over skype. One professional told us, "They (staff) really engaged with [person] well and worked hard for months using intensive interaction, to encourage them to speak, which was just amazing as they were deemed 'non-verbal' when they first moved in."
- People who were unable to verbalise their choices and feelings were supported by staff who had the skills to understand them. Music was used with one person who enjoyed singing. Staff told us, "[Person] sings different songs depending on their mood and it helps us to understand." Another person was helped to communicate with pictures and they had also been taught to use some Makaton (specific signs and symbols and facial expressions) to aid their communication.
- In the home, there was a display of photos of the many places people visited in the community. This promoted conversations and allowed people who were non-verbal to choose where they wanted to go using real life pictures. There was a 'resident's board' in the home that displayed in written and pictorial formats information on safeguarding, fire evacuation and how to make a complaint. A photograph of the registered manager was displayed as the safeguarding lead. There was also an accessible format which supported people if they needed to make a complaint.

End of life care and support

- People had been supported at the end of their lives with great dedication, love and compassion by staff.

Two people, who had no family, had died in the last year and the service had gone the extra mile to ensure they had personalised care that met their wishes and addressed their needs. One of the people who died, lacked mental capacity and the service ensured an independent advocate was appointed. The registered manager attended a best interests' meeting with the consultant to plan for the person's care. As a result, a palliative care package was put in place to ensure the person had a dignified and comfortable death.

● When people were in hospital, the registered manager and night staff were all involved in providing 'around the clock' cover to make sure they were never alone. People were always reassured and cared for during a frightening time. Care staff acted as the persons' family and were there to hold their hand and give them comfort at the end.

● Staff worked closely with the funeral directors to create a personalised service that reflected each person's unique life. Staff told us, "We had to make decisions ourselves and do everything as a family would." The registered manager said, "We were unable to ascertain if they had any religious beliefs, so a celebrant was used to conduct the service. We knew what music they liked, and we knew what they would want, for example for [person] her favourite clothes to be dressed in."

● People were well supported in their bereavement with thoughtfulness and skill from staff. The registered manager helped people to express their feelings by talking openly and involving people in the funerals. A quiet space was created in the home, where staff and people could think about and write their memories of the person. Two special roses were bought for the garden where people's ashes were buried. A memorial bench, and photos of those who had died were seen. The registered manager said, "This is a way of remembering them and they are still part of our home."

● All people at the service had "When I die" plans in place. These had been completed with the person where they had the capacity to do so. They used easy to read language and pictures to represent people's ideas. Staff had sensitively approached the families for their views, where people could not tell them what they wanted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People at Whitehatch were exceptionally well supported to enjoy themselves and to lead full and active lives. One professional said, "The staff team are always looking for new ideas and activities to ensure [person] has an active and interesting life." For example, a person who liked tactile activities did bread making with staff at the weekends. Another person had enjoyed being taken to classical music concerts. On the day of inspection, the aroma therapist came to visit the home and two people had been out to group sessions at a resource centre.

● Staff were creative and tenacious in improving people's lives and finding out what worked for them. One person used to enjoy to play sports but had stopped due to their anxiety. The service had referred the person to receive psychological support and, alongside this, had encouraged the person to take small steps to take up exercise again. One member of staff was consistent in going with the person to the gym to swimming which supported them and their mental health. The person told us, "The gym is making me feel much stronger." Their relative wrote to say how, "Impressed I am with the skill to get him out again – simply miraculous and heart-warming."

● The service always wanted to do more for people. They had used the provider's, "Wheel of engagement," a model which encouraged services to improve in four areas that had the greatest impact on people with disabilities. The staff had worked on their own plan, looking at each individual person and where new opportunities could be developed. One of these was to support three people to undertake volunteer work and ideas had been considered. Other actions were to improve community participation which included people having access to a wider network of new friends and activities.

● People benefited from the service having a key role in the local community. One person said, "I go to the library and shops. Sometimes I have lunch out." Another person told us how they loved bingo. "I am going

tomorrow. I win sometimes." One person used the bank to get their money out with staff support.

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

● People experienced personalised support that was well structured and planned based on their unique personality and needs. Support plans were excellent in ensuring staff always had up to date, full and descriptive information, including each person's preferred routines and tips for ensuring their happiness was maintained. Support plans were reviewed as required and every six months as a minimum. The top six things of importance to each person, were given prominence in the plan and were in a pictorial form. This might be a relationship, something that kept them safe, or an activity they most loved.

● People were empowered to have as much control and independence about things that were important to them. For example, staff prayed with one person for whom this was part of their life and enabled them to attend church. People's sexuality was understood, and staff had guidance about appropriate support and privacy that should be provided for individuals. One person liked to help staff with household checks, as their 'job' and they were given a clipboard to assist with this. Technology was used to good effect to enable one person see their relatives who lived abroad when they liked.

● Staff tailored their care and approach to carefully suit and respond to everyone. One person told us, "They help me choose my clothes and jewellery." The person was well co-ordinated, and it meant a lot to them. Another person had been helped to choose a personalised gift online for their parent. One person's room had been had been turned into a sensory space which included lights, a sensory bed and tactile objects that met their needs and helped them relax.

Improving care quality in response to complaints or concerns

● There was an open and transparent approach at the service. People's views were sought out and they also understood when and how to complain. This was covered at the keyworker meetings each month on an ongoing basis. The registered manager had acted on a complaint from one person and there was a record made of this. The complaint had been about another person in the home, so the person was supported to understand as well as encouraged to come and see the registered manager at least once a week to talk about concerns. Relationships had improved.

● Relatives had not made any formal complaints. The registered manager was in good contact with them all and addressed any issues as they arose. People's relationships with the manager was such that they could approach them about any concerns they had.

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 remained Good as the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Some elements of the service were outstanding and under the current leadership team there were plans for improvements that would impact further on people's lives.

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

- The leadership at Whitehatch ensured that the people they supported were kept at the centre and the core of the service. The registered manager and the deputy were a strong combined team, complementing each other's skills, and developing the service to have outstanding elements. Feedback from one professional summarised what we found well. "The strong, upbeat and experienced management team really models a standard they expect to see cascaded down throughout the whole staff team and they are enthusiastic and really care about their clients."
- There was a strong vision to be an inclusive and person-centred service. We saw excellent and distinctive examples of safe and individual care and improved outcomes for people. The registered manager said, "Our home ethos is about people coming first. We focus on how we can always make life better for each person, involving them. It's not 'us and them' here."
- There was consistently good feedback from people, relatives, professionals and staff about the strength of the leadership. One relative said, "In my opinion the manager sets the tone. Enthusiastic and positive. No duty seems to small or to unimportant for her to take on." Staff told us, "The manager and deputy are great and very approachable, they always sort out problems. We are very well run, and we want to work here." A person living at Whitehatch told us there was nothing they wanted to change as they were, "Very happy." The manager and deputy, "Are great."
- The provider had recognised the progress made by the service and staff commitment to delivering the best possible service for the people in their care. They had recently been awarded, as 'outstanding team' in their provider care awards.

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

- People were involved in the service and given a voice. Notes of residents' meetings evidenced that people's views were recorded and acted on. The provider's senior managers had visited and took note of what people told them, for example, how they enjoyed the new safeguarding game. This had then been shared positively as good practice in their communications with other services.
- People had access to an opinion survey in an easy read, pictorial format. People were enabled to complete these with their keyworker. Answers were reported on and actions agreed. For example, people had wanted more plants in the garden with colour and scents and this was done. Two people wanted to get more involved in their support plans and were encouraged to do this via their keyworker meetings.

● There was a family and friends survey which meant people with more complex needs also had their needs represented. From these results and feedback, more sensory activities, such as relaxation and music sessions, had been developed into people's weekly programmes. From all the feedback and surveys, an action plan devised with timescales for completion.
● Staff felt involved with the service. One staff member said, "We have monthly staff meetings to discuss expectations and concerns. We can put our views forward and resolve issues like laundry or things that need to be sorted." The notes of staff meetings demonstrated a strong focus on updates about people and a good record of discussions about practice. The registered manager said, "We discuss everything with the staff. We listen to them. It's not just for us to decide. We write it all down so people know what's going on."
● Staff felt appreciated and valued. In the home there was a large notice board where all staff could "shout out" about something positive or good that one of their colleagues had done. There were written compliments about staff being kind and helping each other out. From staff supervision notes it was evident how the managers encouraged their staff and noted any good practice with positive comments.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● There was an internal process for monitoring the quality of the services using a series of audits. Audits had been completed in October 2018 and January 2019. One covered the care quality and the other health and safety in the home. The service showed good practice in addressing staff stress in the workplace and environmental checks were done. Actions about the servicing of fire alarms and the use of a basket to move soiled laundry had been completed.
● There was good organisation within the home that ensured the service was well governed and any risks were addressed. There were daily planners in use which detailed the cleaning that was done and weekly checks such as on the vehicle, water temperatures, fire panels, hoists and slings, and medicines records. Everything was recorded carefully in the house management file.
● To support service performance, new staff champion roles had been introduced. This meant a senior staff member took a lead for a specific area such as medicines, fire safety, or infection control. There was a list of checks that each area required, and it was that staff member's responsibility to ensure these were being done and to record them, which we saw was done.
● Staff performance issues were dealt with through one to one supervision meetings. Staff were clear about what was expected in their role. Any wider learning points and good practice was brought to the team meeting and shared with all the staff group.
● Services that provide health and social care to people are required to notify the Care Quality Commission (CQC) of important events. Statutory notifications were being sent correctly to the CQC.

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 was clear about their role to ensure duty of candour when something went wrong. Recently, the house lift had broken down affecting three people who could not come downstairs. Relatives and CQC were notified and it was agreed that the least disruptive approach was for these people to remain upstairs rather than move to another care setting. The registered manager said, "This was a difficult time and hard work, but we made it as good as we could for people, making sure they had lots of social engagement and their activities based up there."
● The registered manager had attended and contributed at provider led meetings about preparedness for events when people may need to move out of their home due to a hazard or risk.

Continuous learning and improving care
● The leaders set a high standard and a culture of service improvement. The registered manager had

recently used the Social Care Institute for Excellence (SCIE) person centred planning to assess the service. This looked at key aspects such as managing transitions, choice and control, identity/purpose, and community interaction. From this they had identified they could do even more for people to enable them in the community, such as voluntary work. Staff were looking into the options available for some people.

● The management at Whitehatch was proactive about sharing actions and ideas with others in their organisation. The registered manager told us, "As we research specific topics we come across ideas, information and best practice guidance that we share with others within the organisation. Continually improving our knowledge allows the people we support to have the best outcomes." After the recent death of one person, the registered manager had got information about organ and tissue donation for people with a learning disability, who had the capacity to choose. The registered manager shared this with colleagues alerting to the fact the law will change next year and people should be consulted on this as part of end of life care plans.

● There were also plans to develop some e-learning training that was accessible to people with communication needs, with a focus on safeguarding and fire safety in the first instance.

Working in partnership with others

● There were very good relationships in place between the managers and professionals who visited the service and with people's relatives. This was borne out by the range and level of positive feedback we received. We also overheard the registered manager speaking to a relative of a person who had recently been in hospital. They explained about the care and support the person was now needing, reassuring the relative and demonstrating an open and respectful relationship. One professional we heard from said, "I have experienced good communication from managers, always returning calls and emails and I find them proactive generally."