

Chitimali Locum Medical Limited

Whitworth Lodge

Inspection report

52 Whitworth Road
London
SE25 6XJ

Tel: 02082399906

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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

About the service

Whitworth Lodge is a residential care home providing personal or nursing care to up to six adults. The service provides support to adults living with mild to moderate learning disability needs. At the time of our inspection there were 6 people living at the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support

People were supported to have maximum choice and control over 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.

People were kept safe. Staff knew how to raise safeguarding concerns and how to report them appropriately. Risks to people were identified as part of the assessment and care planning procedure. Risk management strategies were in place to assist staff to manage these risks and to identify triggers for behaviours that display distress, for people they were supporting.

There were sufficient numbers of staff to meet people's needs.

We saw that medicines were managed in a safe way.

Right care

Staff received a wide range of training to ensure they had the skills and knowledge to support people safely. Staff told us they also received good support in their supervision with the manager.

People's dietary needs were being met, and they had access to healthcare services where needed.

People were supported by staff in a kind and caring way. People were supported and encouraged to maximise their full potential where-ever possible. Staff knew the people well and care records which were well maintained and easy to access, detailed people's preferences, likes and dislikes. People had access to social activities that met their interests and needs.

A complaints procedure was available and displayed to enable people to access it if they or their relatives had a need.

Right culture

People received personalised care and support to meet their needs and wishes.

People using the service, relatives and staff were given the opportunity to provide feedback on the service. Audits took place to ensure the quality of the service was maintained.

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

Rating at the last inspection and update

The last rating for the service was requires improvement [published September 2022] and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care and right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for this service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. 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 safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Whitworth Lodge

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 2008.

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

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Whitworth Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us.

Whitworth Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The service had a new manager who was in the process of registering with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short notice of this inspection, as we wanted to make sure the people were at home for us to meet them.

What we did before the inspection

Prior to the inspection we reviewed the information we held about the service, including statutory notifications received. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 3 of the people who used the service about their experiences of the care provided. We spoke with two members of staff, the manager and the team leader. We reviewed a range of records. This included people's care records and needs / risk assessments. We looked at three staff files to check safe recruitment was followed. We also reviewed a variety of records relating to the management of the service, including policies and procedures, training and quality audits.

We spoke with three relatives and we continued to seek clarification from the provider to validate evidence found and reviewed additional management records sent.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At the last inspection we found the provider had not always managed infection control risks safely and we found the issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made improvements and had taken appropriate action that meant the provider was no longer in breach of regulation 12.

- The provider had implemented good processes to assess infection risks to people and staff at higher risk of COVID-19 due to having learning disabilities or being from black and minority ethnic groups.
- Staff received training in infection control and were able to tell us the correct and safe use of equipment.
- Staff told us personal protective equipment was available to them and we saw staff accessed and disposed of this appropriately.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

At the last inspection we found medicines were not always stored safely and the previous registered manager was unsure what action to take if the temperature of the medicine's cabinet increased to a temperature that could damage medicines. As well as this our checks of stocks and records showed the previous registered manager could not be sure people received their medicines safely as some medicines were unaccounted for. These risks contributed to the breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection medicines were now being stored safely. Regular daily temperature checks were taken for medicines in the medicines cabinet and daily readings recorded. The manager knew why it was important to maintain a suitable temperature for medicines stored and what action to take if the temperatures were too high or too low.
- The manager ensured accurate records of medicines carried over from one month to the next were

maintained, which meant stocks could be checked against records. Our checks of stocks showed the correct amounts of medicines were stored and records confirmed this. The manager had implemented a system which recorded daily stock levels. These records and Medication Administration Records (MARs) were signed by two staff and audited weekly by the manager. This meant people could be sure they received their medicines safely.

- There was a robust system in place to ensure medicines prescribed on an 'as required' basis were used appropriately. Protocols were in place for the safe use of these medicines.
- Staff understood their responsibilities in relation to medicines management, staff we spoke with understood the importance of using 'as required' medicines appropriately. Staff told us, and records confirmed, they had received medicines training, and this was on-going.
- Staff had their competencies assessed to ensure they followed safe medicine practices.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures in place helped to reduce the risks to people of abuse. People, their relatives and staff members told us people were kept safe. A relative told us, "Care has been good, [family member] is safe there." Another relative said, "[Family member's] care is very good, they are safe and staff support people safely."
- Staff completed safeguarding training and they understood their responsibilities and how to report any concerns. A staff member said, "We've had training in this [safeguarding] and I know what to do. I'd report any concerns I had to the manager."

Assessing risk, safety monitoring and management

- People's needs and risks were assessed and care plans developed to ensure people's assessed needs and risks were met appropriately. Personal emergency evacuation plans to assess people's individual risks were drawn up and risk management strategies were developed to reduce these risks and keep people safe.
- Health professionals were contacted in a timely way to ensure people received appropriate support and treatment. Appropriate risk assessments and individualised care plans were up to date and included input from relatives. Where possible people and their relatives were involved in this process.
- Systems were in place for all accidents and incidents to be reviewed. The manager monitored any incidents to identify patterns and trends in behaviour and other risks. Action was then taken to reduce the likelihood of these incidents recurring.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS), work history checks and references. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- We checked staff rotas and they showed there were appropriate numbers of staff on duty to meet people's needs

Learning lessons when things go wrong

- There was a system in place to review incidents which occurred. Staff told us the manager had discussions with them following incidents to assess how things could have been managed differently and how they would manage such incidents in the future.
- Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.

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 requires improvement. At this inspection this has changed to good. This meant the person's outcomes were consistently good, and relative and staff feedback confirmed 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 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.

- At the last inspection the previous registered manager was unable to show us decision-specific mental capacity assessments for all people who were suspected to lack capacity and told us they had not all been carried out. The registered manager lacked a clear understanding of what MCA assessments were and how they differed to DoLS. An MCA assessment was seen for one person, but this had not been reviewed for 18 months which meant it may no longer be accurate. These issues meant staff may have made decisions for people who had capacity to make them themselves and so the provider was in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we saw recent decision-specific mental capacity assessments for people who were suspected to lack capacity in specific areas. The new manager also demonstrated a clear understanding of what MCA assessments were and how they differed to DoLS. The manager showed us renewed DoLS applications made to the relevant local authorities, together with the local authority acknowledgement of receipt and were awaiting the outcomes. This meant staff were now able to make decisions appropriately for people who did not have capacity to make them themselves. The provider was no longer in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Staff had received training in the MCA and DoLS and told us about the core principles of the MCA and how this was used when supporting people.
- Staff understood they needed to ensure any decisions made were in line with the person's best interests and were the least restrictive way of doing things. Records we looked at confirmed people were supported with their best interests and safety in mind.

Staff support: induction, training, skills and experience

- Staff received appropriate support from a wide range of training and staff supervision.
- Staff told us and records confirmed, they received training that was relevant to their roles and to the specific needs of the people they supported. We saw staff responded to challenging situations calmly to reduce the potential for the situation to escalate.
- Staff received training in a wide range of core areas such as first aid, the safe administration of medicines, infection control, safeguarding and food hygiene. Staff told us this supported them to develop in their roles and progress.
- Staff told us they felt the training they had received was suitable and adequate for them to support people safely and effectively. There was a happy relaxed atmosphere in the home, staff clearly knew people well and people were smiling and relaxed around staff.
- Staff told us they received effective support through supervision. This included one to one meetings and team meetings. The manager showed us supervision dates that set out regular supervision for individual staff members. A new supervision format setting out the agenda of these meetings which included the direct work staff undertook with people. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support.

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

- We saw that people's needs were assessed together with the person, relatives and health professionals to ensure the service was able to meet the person's needs and wishes.
- People's care plans included their healthcare conditions, the care and support they needed.
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included the people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

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

- People were supported to maintain a healthy balanced diet. People told us they had choices at mealtimes. We observed the lunchtime meal and saw people were given choices and where necessary were supported by staff.
- A system was in place to monitor people's food and fluid intake where needed.

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

- Staff supported people to access community healthcare professionals such as the GP, specialised nursing teams and Speech and Language Therapists. Relatives told us people's health needs were met appropriately by health professionals.
- Records confirmed that people had routine appointments such as an annual health check. One relative told us, "Staff let us know if my [family member is ill or if they involve the hospital, doctor or nurse as needed."
- A Health Action Plan [HAP] was in people's care files. The HAP detailed what was needed to promote the person's good physical and mental health, their likes, dislikes and triggers to behaviour.
- Staff monitored people's oral care to ensure their teeth and mouth were kept as healthy as possible. We saw dental appointments were made and check-ups took place.

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 not rated. At this inspection this has changed to 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 well treated and their individual needs assessed and provided for in the delivery of care they received. We observed staff interacting and speaking with people in a calm, friendly and kind way. People were smiling, relaxed and they readily approached staff for support and care.
- A relative told us, "Staff are very caring indeed. The care at Whitworth Lodge is really good, they care about the people they look after, and it shows." Another relative told us, "We have no concerns about how [family member] is looked after."
- The people living at Whitworth Lodge had been living there for more than five years. We saw there were positive, caring and trusting relationships established between people and staff. The manager and staff members told us how they supported people's diverse needs and wishes to ensure people lived their best lives.

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

- People living at the service and their relatives were encouraged to express their views and where possible, make decisions about their care. A relative told us, "Staff involve us in our [family member's] care and if there are any changes or suggestions, they let us know."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff told us how they worked with people to build their confidence and independence. People told us staff respected their privacy and dignity when providing care and support.
- Staff spoke passionately about their roles and were committed to supporting people to live full and active lives.
- Staff received equality and diversity training and knew people's needs well.

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 not rated. At this inspection this has changed to good. This meant the person's needs were met through good organisation and delivery.

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

- People had individualised care plans that they were involved in drawing together with staff and their relatives. This process helped to ensure they were able to make choices and be fully involved in their care.
- Relatives told us they were involved in reviewing the care of their family members. They confirmed people were able to make choices and were involved in decision making where possible.
- People's care plans detailed information regarding their personal preferences and people who were important to them. This meant staff had up to date information about people's individual preferences and what was important to them.
- People were involved in all aspects of the home including choice of meals, visiting places of interest and activities.
- Relatives and people told us about the forthcoming Christmas arrangements and how staff support them to enjoy it to the full.

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.

- The manager understood their responsibility to comply with the Accessible Information Standard (AIS). Achieve Together ensured that information was made available to people about the service in different formats where needed and this included easy read documents.
- There was evidence staff adapted their techniques to ensure they communicated effectively with each person, who each had different methods of communication. This included sitting and speaking with them in a calm way and the use of easy read and pictorial formats.

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 were supported both to develop and maintain relationships that were important to them. All 3 people who we spoke with told us they kept regular contact with their relatives. This was confirmed by staff and by their relatives. Comments included, "We visit weekly and have regular contact with my [family member]" and "Staff have really helped us to maintain the relationship [family member] has with us."
- People told us they were supported to pursue the social interests and activities that were important to them. We noted activities were wide and varied and people spoke enthusiastically about them to us.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was accessible. There had been no formal complaints since the service had been registered and all of the relatives, we spoke with confirmed this.

End of life care and support

- No one was receiving end of life care at the time of the inspection. However, we saw that people's choices and preferences for end of life care had been taken into consideration.

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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistency managed and well-led.

Leaders and the culture they created promoted high quality, person centred care; Managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements

- At our last inspection we found the registered manager lacked sufficient oversight of the service. This meant the service management and leadership was inconsistent. At this inspection we found this had improved. The new manager had implemented a new and wide range of service audits which included regular audits of medicines management, an infection control monitoring audit and a health and safety audit. Where concerns were identified, the manager took appropriate action to resolve the issues.
- At our last inspection we found the previous registered manager's record keeping was poor. The new manager had made the necessary improvements and records were comprehensive, easily accessible and clear. This meant the new manager could now be assured the service had all the records needed to evidence quality care and safe practices.
- At our last inspection we found the previous registered manager's did not fully understand their responsibility to submit notifications to CQC of any allegation of abuse and had neglected to submit a notification until we requested this after the inspection. At this inspection the manager was fully aware of their responsibilities to notify CQC and what to notify CQC about.

At the last inspection all these concerns were a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

After our last inspection we asked the registered manager to send us an action plan showing how they would improve in relation to the breaches. The new manager followed the action plan, made the necessary improvements and the service was no longer in breach of these regulations.

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 new manager had been in post for 2 months. They told us they were in the process of registering with CQC to become the new registered manager. People, staff and relatives all spoke highly of the new manager. Comments included, "Since they started here there has been a recognisable and positive difference" and "This new manager gets things done, what a blessing."
- The manager was aware of their registration requirements with CQC and of their duty of candour.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service.
- There were processes and procedures in place to ensure people received the care and support they wanted.

- Staff were positive about how the service was run and the support provided to people.

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

- Since the arrival of the new manager they had developed a positive culture in the service. Staff members told us they felt supported and were able to be involved by making suggestions and improvements within the service. One staff member told us, "We know we can consult with the manager when needed and they are supportive to us when we ask for advice or support."
- We saw documentation to demonstrate the manager carried out competency assessments on staff members. This has helped to ensure the staff team provided good care and support.
- Staff told us they knew about the whistleblowing policy and action they would take if they had concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were systems in place to ensure the provider sought the views of people through regular reviews, keyworker meetings, resident's meetings and annual surveys.
- The manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out by the manager and staff on a regular basis in areas such as medicines management, care plans, staff records, health and safety and the home environment. Where required action plans were developed to address any issues or concerns identified.
- Daily staff handover meetings were held. We observed these provided staff with the opportunity to discuss people's daily needs and any issues or concerns that had arisen. Staff team meetings were held on a regular basis and provided staff with the opportunity to discuss issues relating to the management of the home.

Working in partnership with others

- The manager and staff worked effectively to develop good working relationships with people's relatives and health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, speech and language therapists, mental health professionals and GPs.
- We observed the service worked in partnership with local services and organisations to ensure appropriate support was coordinated for people if required, such as colleges and places of worship.