

Whitmore Vale Housing Association Limited

The Old Manse

Inspection report

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Hindhead
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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

The Old Manse is a supported living service and provides personal care and support for adults with learning disabilities and autism at two different sites in the Hindhead area. One site was a shared house and the other site contained purpose-built flats. At the time of our inspection there were 15 people living there.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt safe using the service because they were supported by staff who knew their needs well and knew how to manage risks associated with their care. Staff understood their responsibilities in terms of keeping people safe from abuse and avoidable harm. Action had been taken to reduce the risk of the spread of infection and the provider had ensured practices were updated according to national guidance during the COVID-19 pandemic.

People's needs and choices were assessed and planned for, and their preferences had been considered. Staff were safely recruited and inducted. They had access to training and supervision to ensure they had the skills to support people effectively.

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 treated people with dignity and respect and helped to maintain people's independence by supporting them to learn new skills and encouraging them to care for themselves where possible.

The service was flexible in order to meet people's needs and any concerns or complaints were responded to promptly. People were supported to take part in their chosen activities. There was good information available to support staff to understand residents' individual communication styles.

There were systems in place that worked to ensure areas in need of improvement were identified and actions were taken to make changes when needed so that people received good quality care. The registered manager was approachable and supportive, staff enjoyed working at the service and were listened to.

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/or autistic people.

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

Right support:

- People we spoke to said that they received the support that they wanted and felt in control of their lives. People were supported to maintain relationships which were important to them. R

Right care:

- The care provided was person centred and promoted people's human rights and dignity. Staff respected the way that people wanted to live their lives.

Right culture:

- There was a positive culture and good values at the service which were displayed by both the management team and the care staff. There was a clear emphasis on celebrating people's achievements which helped to build confidence and empower people.

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

Rating at last inspection

The last rating for this service was good (published 22 May 2017)

Why we inspected

This was a planned inspection based on the previous rating to ensure that there had not been a reduction in the quality of care provided.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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 ●

The Old Manse

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

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, and support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. One person told us, "Yes, I am happy here. I feel safe here." A relative told us they felt their family member was safe due to, "the quality of the set-up" and, "The quality of the staff."
- There were systems in place to protect people from the risk of abuse. Staff were provided with training to recognise the signs of abuse and were confident in how to identify and report any safeguarding issues if needed.
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.
- The registered manager described how they and their team learned from incidents which had taken place in order to improve people's care. When issues had arisen, they reviewed care plans and made changes as needed to people's support.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Detailed risk assessments and care plans were in place, so staff knew how to support people. One person had risks associated with their mobility, there was a risk assessment and care plan in place which detailed the support this person would need to minimise the risk of falls and the equipment needed to support them safely.
- There was an out of hours on call service available for people. This meant contact could be made with someone if they needed assistance outside of the hours when staff were present in the service.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency such as a fire or flood which meant people had to leave the service.

Staffing and recruitment

- We received positive feedback from people that they were happy with the staff support. One person told us, "[Staff] are generally very nice. They would always help me."
- Staffing levels were carefully assessed around a person's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and accessing the community.
- Staff were recruited safely. Checks included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.

Using medicines safely

- People told us they were supported to take their medicines safely. One person said, "[Staff] come when I'm due my medication."
- Systems and processes for the management of people's medicines were robust. Staff supported people to take their medicines in a person-centred way and medicines were stored at the service securely.
- Staff completed Medication Administration Records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified quickly.
- Staff received relevant training before they were able to give people medicines and the management team checked their competency regularly in relation to the administration of people's medicines.

Preventing and controlling infection

- The service had an up to date infection prevention and control (IPC) policy which had been updated appropriately in response to the COVID-19 pandemic. Regular checks were carried out to ensure people lived in a safe and clean environment.
- Risks to people accessing community settings had been thoroughly assessed and staff we spoke with were wearing personal protective equipment (PPE) appropriately. One member of staff told us, "We had lots of training on donning and doffing [PPE] and we were asked if there are any concerns." A person who used the service said, "[Staff] always wear a mask and wash their hands before they come in."
- People and staff were tested regularly for COVID-19 in line with government guidelines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to receive care and support from the service. This included working closely with other health and social care professionals by completing joint assessments. This helped to ensure people's individual needs could be met.
- People's needs and choices were fully taken account of when planning care. Health action plans and communication passports were in place.
- Care was delivered in line with relevant standards guidance and the law. This included the provider following guidance from the National Institute for Health and Care Excellence (NICE) and ensuring people were protected from discrimination in accordance with the Equality Act 2010.

Staff support: induction, training, skills and experience

- Staff received training and support to ensure they were confident and competent in their roles. Staff consistently praised the support they received from the registered manager, deputy managers and other colleagues. One member of staff told us, "We all work as a team together. We help each other."
- Regular supervisions and team meetings gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations, and identify areas of learning and development.
- New staff received an induction when they started working at the service. This included training and shadowing of other staff to ensure they were able to meet people's needs. One member of staff told us, "I shadowed for 2 weeks with different clients, the induction was very thorough."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where people had specific nutritional needs staff worked with health professionals such as GPs and dieticians as well as with the individuals to develop support plans and strategies to meet their needs effectively. Risks associated with people's nutritional needs were clearly recorded and guidance was in place for staff to follow in order to prevent harm occurring.
- People were supported to prepare meals and drinks where this was part of their care plan. Staff knew what people liked and people were involved in menu planning.
- People were supported to access healthcare when needed including support to attend appointments. One person told us, "If I need to see a doctor, I can do it myself or [staff] will do it for me."
- People were supported to live healthier lives. One person's relative told us about the support their family member had been given to improve their diet and increase exercise. They said, "The fact he has lost weight is absolutely amazing, as soon as it was safe, he was [supported to go] back swimming."

- Detailed and up to date health action plans were in place which recorded important information such as how to tell if someone was feeling unwell, records of previous appointments with healthcare professionals and support required to help with their health conditions.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was being provided within the principles of the MCA. The registered manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. They had ensured people had consented to their care and support.
- Care workers had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. People's care plans and systems were designed to ensure people's right to make a decision about their care was promoted and respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff treated people with kindness and respect. We observed friendly exchanges between staff and people. Comments from relatives included, "The staff are unfailingly wonderful with [person]" and, "They are just superb with [person] all the time."
- Staff took time to get to know people well in order to build up trusting relationships and provide people with the support they wanted. This approach had led to positive outcomes for people's health and wellbeing including supporting one person to lose weight and supporting another person to be able to access the community more freely.
- Equality and diversity was promoted at the service and people were supported to feel positive about themselves.

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

- People and relatives confirmed they had been involved in decisions about the care provided. This included what people needed help with and how they liked care to be carried out.
- People took part in regular tenants' meetings and were encouraged to give feedback about the service and put forward ideas for events such as themed evenings and group trips.
- There was a keyworker system in place and people met regularly with their keyworker to look at goals and aims for the coming months and how these could be achieved. We saw examples of these including planning to see relatives and going on holiday. A keyworker is a member of staff with delegated specific responsibilities for an individual.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. A member of staff told us, "I ring the doorbell. Unlock the door and shout 'hello' and say, 'can I come in?' Their privacy and their space is theirs and not mine." One person told us, "[Staff] are mostly very polite. They always knock before they come in."
- People told us they were supported to be as independent as possible. We saw that staff were proactive in identifying what activities might help people feel more involved and empowered, to increase their levels of independence. For instance, people working together with staff to test fire safety equipment.
- The provider had worked with health professionals to have a specialist toilet installed at the service. This helped people to be able to use the toilet independently without needing support from staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Some people did not have easy access to copies of their care plans. We discussed this with the registered manager who said this had been a temporary situation due to a different way of working during the COVID-19 pandemic but he told us he would address this immediately following the inspection.
- Care plans were person-centred and considered people's preferences, likes and dislikes. One person told us, "I am happy with the care plans. They ask me to check it."
- People received care in a way which respected their choices, met their needs and gave them control.
- Support was responsive to people's changing needs. One person's needs had recently changed due to a health condition and staff and management had worked effectively with other professionals to increase the level of support for them.
- There was no one receiving end of life care at the time of inspection however people's care plans contained details of their end of life care preferences.

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 using the service were able to communicate verbally with staff. They could also read and understand information given to them by the service. A member of staff told us, "Sometimes you have to sit down and explain things, we use pictures if we have to."
- Where people's communication abilities were limited, they had specific communication care plans in place to support staff to know how best to interact with them.

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 to take part in activities that interested them. One person with an interest in bikes had recently been supported to get a job in a bike workshop and another person had completed a swimming challenge. Their relative told us, "[Swimming award] couldn't have happened without all the support. That says it all really, that they work as a team."
- One person required support to attend their local church. Staff were available to do this when the person wished to go to a church service.
- People had formed positive bonds with staff and other people. Staff encouraged people to maintain relationships with friends and family. They actively supported this through regular messaging and video

calls.

Improving care quality in response to complaints or concerns

- Although we saw evidence that complaints were responded to and acted upon there were some gaps in the recording of this. We discussed this with the registered manager who told us they would address this with any future complaints.
- The registered manager was responsive and listened to concerns. One person said, "I've told [registered manager] when I wasn't happy. He did something about it."
- People and relatives told us they knew how to make a complaint if they wanted to. One person said, "They'd listen but I have never complained. I'm happy." A relative told us, "[I would] pick up the phone and drop an email, everyone is accessible."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- People and staff were involved in developing the service. Systems and processes remained in place to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring satisfaction with the service.
- There was a positive culture within the staff team. One member of staff said, "It's a positive environment. We help each other and there is good teamwork." Another member of staff said, "We all work as a team together. We help each other".
- The registered manager understood their responsibilities regarding the duty of candour. They worked openly with families and kept them updated. Staff and relatives told us they felt comfortable raising any queries with the registered manager, and that the culture was an open one.

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

- The registered manager and deputy managers took a hands-on approach and were integral to the effective running of the service on a day to day basis. A member of staff told us, "Management are brilliant and step in where they can."
- We received positive comments regarding the management team from people using the service and their relatives. One relative told us, "I have a good relationship with the manager and deputy. They are very open and work as a team on behalf of [person]."
- People's records had been reviewed appropriately to ensure they accurately reflected people's care needs. Regular audits were being carried out at the service covering areas such as infection prevention and control, health and safety and medication. Actions arising from these were recorded and completed.
- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service,

their relatives and external health and social care professionals. People told us they could speak with staff if there was anything they wished to discuss or change about the home care service they received.

- A range of methods was used to gather people's views which included regular telephone contact, care plan reviews and questionnaires. The management team also frequently provided people's care themselves which meant they could have regular discussions with people.
- Staff were encouraged to contribute their ideas about what the service did well and what they could do better. This was through regular contact with the management team, which included individual and team meetings. Staff said they liked working at The Old Manse and felt the management team listened to what they had to say. One member of staff told us, "I love my job. I find it very rewarding and I don't want to leave here."

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged an open and honest approach within the service and were continuously looking for ways to improve. They took responsibility if anything went wrong and took action to put things right.
- The registered manager had arranged for the local police team who work with people with learning disabilities to come to the service and speak to people about COVID-19 related legal restrictions. This was done in response to people raising concerns about being safe in the community during the COVID-19 pandemic.
- There were regular opportunities for staff to reflect on learning in order to improve people's care. Any incidents or accidents were reviewed, and learning outcomes shared with the team.
- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.