

Living Ambitions Limited

Whitwood Grange

Inspection report

Smawthorne Lane
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West Yorkshire
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Tel: 01977667725

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20 April 2021

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Whitwood Grange is a residential care home providing personal to people with learning disabilities. It accommodates up to 17 people in three separate areas; there are two six bedded houses and five self-contained flats. There were eight people using the service at the time of our inspection.

Services for people with learning disabilities and or autism are supported

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt safe. Systems were in place to safeguard people from the risk of abuse. People received their medication as prescribed by staff who had been appropriately trained.

Risks to people were effectively managed. Staff knew people well and were knowledgeable about individual risk management issues. Safe infection prevention and control (IPC) practices were in place to minimise the risk of spread of infection.

Systems in place to monitor the service had improved and were more effective in identifying and addressing areas that required improvement. This improvement needs to continue and become embedded into practice. There was a positive culture at the service.

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 Inadequate (published 18 January 2021).

Why we inspected

This inspection was prompted through our intelligence monitoring system. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service is requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitwood Grange on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Whitwood Grange

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.

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

One inspector carried out this inspection.

Service and service type

Whitwood Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 who was in the process of registering with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We also sought feedback from the local authority. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with six members of staff on site This included the manager, two deputy managers a team leader and two support workers.

We reviewed a range of records including medication records, staff files in relation to recruitment, induction and staff supervision, two people's care records. We also looked at a variety of records relating to the management of the service, including policies, procedures, training data and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found such as, updated statement of purpose and medication audits.

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to; ensure systems were robust enough to demonstrate medicines were effectively managed. The organisation and good practice for the prevention and control of infection was not always evident. These issues were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were stored and managed safely.
- Medicines were kept in a locked room and daily checks of storage temperatures were recorded.
- Information sheets including a photograph of the person and how they liked to take their medicines were available alongside the person's medication administration record (MAR) sheet.
- Topical medicine administration records with body maps were in place for prescribed creams to ensure staff knew how, where and when to apply them.
- There were protocols in place for administering 'as required' medicines. We spoke with the manager about specific recording, for example, the exact number of drops given rather than 'one or two'. Action was taken to address this.

Preventing and controlling infection

- 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.

Assessing risk, safety monitoring and management

At our last inspection the condition of the premises was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had

failed to take timely action and risks to people had not been assessed.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The service had seen works carried out since the last inspection. For example, anti-vandal bathrooms had been fitted.
- The service had systems and processes in place to report accidents and incidents. Staff were aware of the process to follow for incident reporting.
- People had risk assessments and care plans in place. These were up to date and reflective of people's individual needs and risks.
- Staff knew people well. They were aware of people's individual risks and interventions in place to manage these.
- Health and safety maintenance checks were up to date, for example, electrical and gas safety.

Staffing and recruitment

At our last inspection we found a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were either not in place or robust enough to demonstrate safe recruitment practices were followed.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had a system in place to calculate safe staffing levels. Rotas reflected that staffing was organised in accordance with this calculation and contracted care hours.
- Staff had time to spend with people and were supported by the manager and deputy managers, who worked in addition to the calculated staffing hours.
- Recruitment processes were safe with all required checks completed before new staff started employment.

Systems and processes to safeguard people from the risk of abuse

- People indicated they had no concerns about safety. One person nodded and gave thumbs up when asked if they felt safe at the service.
- People were protected from abuse by staff who had received training to recognise and report any concerns.
- Staff were able to tell us about the training they had received regarding safeguarding, and what they would do if they suspected anything was wrong. One staff member told us, "I would report any concerns immediately. There are posters around the home, displaying information and guidance."

Learning lessons when things go wrong

- There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure themes or trends could be identified and investigated further. It also meant any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

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 inadequate. At this inspection this key question has now improved to requires improvement

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

At our last inspection we found management oversight was not evident over key aspects of the running of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, although improvements are required to continue and become embedded into practice.

- There were effective governance systems in place to audit the quality of the service. Where issues had been identified such as; minor omissions in recruitment or the statement of purpose on site not being the most up to date version available, we were assured the manager would react quickly to address them.
- The manager completed regular audits to monitor and improve the quality of service delivery. Action plans were completed following audits, the manager maintained good oversight of progress and outcomes.
- Staff received regular training to ensure they had the appropriate skills to support people.

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

- The service promoted a person-centred culture. People were encouraged to be as independent as possible.
- Staff were person-centred, caring and respectful in their approach. Staff comments included; "We know people well, I believe all staff are knowledgeable and trained to know how to support everybody here and promote independence" and, "There is a great culture and spirit at the service."
- We observed people were offered choice and were supported to make decisions to enhance their quality of life.

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

- The service had appropriate equality and diversity policies and procedures in place. Staff had completed training during their induction and had awareness of the topic.
- We observed people and staff communicating freely. People were at ease with staff and the manager.

- Staff were supported with regular supervision and consistent communication with the management team. A staff member said, "We are always kept up to date with any progress or changes within the service. For example, we were kept aware with the refurbishment progress which allowed us to keep people up to date. The same could also be said of any changes to current requirements or best practice regarding COVID-19."
- There were regular staff meetings and staff felt comfortable to raise concerns and they would be listened to and supported.
- People were encouraged to give feedback and make suggestions. The service had an easy read survey in place for people to complete. Changes were planned and made as a result of the feedback obtained.
- The service worked effectively in partnership with other agencies to ensure 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 manager was open and honest when accidents and incidents occurred.
- Appropriate notifications were submitted to CQC and the local authority.