

Whitworth House

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

This inspection took place on 23 October 2014 and was unannounced.

Whitworth House provides accommodation and personal care for up to nine older people. At the time of this inspection there were seven people using the service. The provider and his spouse have been running this home for more than 20 years.

The registered provider's spouse is the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Whitworth House is a small home with a strong emphasis on a "family" style environment; however the environment displayed significant signs of wear and tear and was not appropriately designed for people who used the service. There were issues regarding the upkeep of premises, and we saw that refurbishment work was required to provide an environment that met people's needs comfortably.

Summary of findings

People using the service had their care needs kept under review and any changes were responded to and addressed promptly and appropriately. Assessments were undertaken to identify risks to people and plans were in place to appropriately manage these risks.

People were supported by staff to maintain their safety. Staff understood the provider's safeguarding procedures and they understood the importance of reporting any concerns about the welfare and safety of people using the service.

People felt valued, they attributed this to living in the homely family style environment, and having a steady staff group who knew them as 'individuals'. Staff were aware of people's individual needs, their preferences, likes and daily routines.

Staff were caring in their approach; they were polite and respectful and maintained people's privacy and dignity. People found they were able to discuss the care and support they received, and ensured it was in line with their wishes.

People received their medicines as required. Medicines were stored securely and safely for those requiring

support with administration. However, safe practice was not always being followed around the storage of medicines for people who retained their medicines in their bedrooms and who were self-administering.

Staff received the training they required to meet people's needs and undertake their roles and responsibilities.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). The Deprivation of Liberty Safeguards provides legal protection for vulnerable people who are, or may become, deprived of their liberty in a hospital or care home.

While the service provided a caring reliable service, the provider had not developed the audit system and quality assurance processes necessary for assessing, monitoring and improving the quality of the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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. To help keep people safe assessments were undertaken to identify any risks to people using the service, staff followed the management plans in place to manage these risks appropriately. Staffing levels were appropriate to meet the needs of people receiving the service.

There were minor shortfalls in how staff supported people who were taking their own medicine in relation to the safe storage of medicines in their own bedrooms.

Good



Is the service effective?

This service was effective. Staff had the skills and knowledge to meet people's needs and had these updated through regular attendance at training courses.

Staff were aware of their responsibilities under the Mental Capacity Act 2005, and of the use of the Deprivation of Liberty Safeguards when appropriate to maintain people's safety. People were supported to manage their health and attend healthcare appointments. People received support with meals in line with their needs, and staff liaised with healthcare professionals as required to ensure people had their nutritional needs met.

Good



Is the service caring?

The service was caring. People found Whitworth House offered a homely caring environment where people felt valued; they were treated with kindness, compassion and respect. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and support needs. Staff were regular staff who were familiar with the needs of people they were caring for and delivered the care people required.

Good



Is the service responsive?

This service was responsive. People's health, care and support needs were identified and plans were developed to promote individual healthcare needs, these identified how people wished to be supported. People's support plans included information on their likes, interests and hobbies and these help guide staff in the care arrangements. People using the service participated in activities specific to their needs and in line with their interests.

There was a process in place for recording and responding to complaints. Staff often dealt with people's concerns informally which prevented situations deteriorating and people becoming dissatisfied.

Good



Summary of findings

Is the service well-led?

Some aspects of the service were not well led. Although the service had a long serving registered manager in post and leadership was visible there were shortfalls, and audits and monitoring processes were not well developed and were inconsistently applied.

Management and staff of the service did not understand the principles of good quality assurance and this meant that the service lacked drive for necessary improvement.

Requires Improvement



Whitworth House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us.

Before the inspection we asked the provider to complete a Provider Information Return (PIR) prior to the inspection. This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make. They did not return a PIR and we took this into account when we made the judgements in this report.

We visited the home on 23 October 2014. Our visit was unannounced and the inspection team consisted of 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 service. This person had specific knowledge of dementia.

On the day of our visit we focused on speaking with all seven people who lived in the home and their visitors, speaking with the registered manager and two care staff and observing how people were cared for. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also looked at care records for four people, and records that related to how the home was managed, and the personnel files for three staff. After the inspection visit we sought further information and spoke with four relatives, and with three health and social care professionals involved with people using the service.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe and secure in the home because the service provided security, warmth and reassurance. One person commented “I go to bed at night and sleep well in the knowledge there is always someone nearby to call upon, they answer any requests promptly.”

We completed a tour of the service and saw that it was in need of general redecoration and requiring refurbishment. The hallway/ reception area was in need of redecoration. Reports from social workers and local authority officers we received were that the service was safe, but areas of the home needed attention to provide a more pleasant environment. One person showed us their bedroom and drew our attention to the way it was presented and the need for improvements to the decoration. They said, “It is homely but not posh here but it is clean and tidy.” The provider acknowledged attention was needed to improve the interior presentation; they confirmed that they had agreed with a building contractor to start on a refurbishment programme.

People told us they received their medicines as prescribed, and medicine administration records confirmed this. People were alert and engaging, we checked medicines and found anti-psychotic medicine was not in use. Staff were trained and deemed competent in administering medicines. We saw that medicines administered by staff were managed and stored safely, and the home had relevant policies and procedures in place which staff followed. We were concerned about one aspect of medicine procedures for people who were self-administering. For a person who stored their own medicine appropriate safe storage facilities were available but the person choose not to use these. Although staff ensured the person took the prescribed medicine medicines not stored safely in a locked cabinet in their bedroom posed a low risk to others. We brought this to the attention of the manager.

Risks to people’s health and safety were being managed appropriately. Assessments were undertaken to identify any risks to people using the service. As a result management plans were in place to address any risks identified. This included any risks to the person’s health and how their healthcare was managed, as well as how the

person was to be supported when receiving personal care. Records showed the risk assessments and management plans were updated monthly and as people’s health changed.

People who used the service told us they had confidence in the service provider and had no concerns regarding their safety at the service. Social workers who we spoke with shared the same view. Relatives said they had no concerns about the safety or welfare of their family members who used the service. The home had fire fighting equipment and fire evacuation plans to support people safely in the event of a fire at the service.

There were no restrictions and people told us they could come and go as they pleased. An entry keypad was used as security for the front door. There was a small passenger lift to enable access to all floors. However, we observed that there were a number of steps from the lounge to the dining room area restricting access to a person with a mobility issue. The provider agreed to obtain a small ramp to overcome this issue.

People we spoke with and their relatives told us there were enough staff on duty to meet their needs. People told us there were sufficient staff on duty to meet their needs and they did not have to wait for attention. People told us their requests were answered promptly, one person said, “You do not need to wait long for help; there is always a carer nearby.” The provider and the manager covered the majority of shifts with additional care staff rostered. There were two staff on duty during the day and one at night.

The provider had recruitment procedures that ensured only suitably vetted staff were employed. The process included completion of an application form with a full work history, a formal interview, references, identity checks, qualification checks and a police check. However, the records and evidence to support this was disorganised, some supporting records were not available on the day of our inspection visit but submitted to us some days later.

People we spoke with told us they felt safe and had no concerns about practices in the home. There have been no concerns about the welfare of people using this service and no allegations of abuse received or referred by the service since our last inspection. Staff we spoke with said they would tell the local authority’s safeguarding team or the Care Quality Commission about significant incidents. When we reviewed the information we held about the service we

Is the service safe?

saw the provider was reporting significant incidents appropriately. Records showed the service had arrangements in place to manage money for people that did not have the capacity to manage their own money, to protect them from the risk of financial abuse. Staff were

knowledgeable in recognising signs of potential abuse and were aware of the required reporting procedures. Records showed and staff told us they had received recent training on safeguarding procedures.

Is the service effective?

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protect them from the risk of financial abuse. Staff were knowledgeable in recognising signs of potential abuse and were aware of the required reporting procedures. Records showed and staff told us they had received recent training on safeguarding procedures.

Is the service caring?

Our findings

All the people we spoke to described the service as “caring” and “compassionate” where individuals felt valued. We observed staff treated people in a kind way and with respect. A person talked about staff being helpful. They said, “If I want something from the High Street, they go and get it.” Another person said if they needed help during the night they just pressed the bell or called out and someone would come. They said that during the previous night, “I needed a cup of tea. I just called out and [staff member] came and got it for me.” A relative said, “It’s home from home. You won’t find better.” One person said, “The home is small and not very posh but the people are very kind and they do a lot.”

A person centred approach was adopted with staff recognising each person’s uniqueness. For example a person told of the importance of being able to take control of many aspects of their daily life such as looking after their own personal issues. We saw that staff respected this and encouraged the person to be independent.

The environment was calm and relaxed. We saw many examples of kind and empathic care from staff. Staff took time to provide support to people in an unhurried manner. Staff pro-actively engaged with people showed they understood how to support people living with dementia. We saw staff helped a person reminisce about their past achievements in sports and in the military.

Our observations showed that staff spoke clearly with people when giving instructions and actively supported them in a caring manner. Staff encouraged people to make choices and gave them an opportunity to be involved in their care and treatment.

All three social workers we talked with spoke of the provider’s person centred approach at the service. Staff were able to give examples of people’s preferences in what they ate, the best way to communicate with them and the activities they enjoyed.

People using the service were supported to maintain relationships with their family and friends. Visitors said that they were able to visit freely and were made to feel welcome. One person told us they could come at reasonable hours and this had enabled them to visit more frequently. A relative told us they visited fairly frequently and at various times. They said they observed gentle and kind staff, they felt their relative and others using the service were consistently well looked after. We saw the care plans reflected people’s involvement and took into account their diverse needs and wishes. Staff were familiar with individual cultural and religious needs. Staff we talked with were able to tell us about people’s preferences and routines and realised the importance of following individual routines, and respecting each person as an individual.

A staff member told us, “[Person using service] likes to sit and read, they also regularly go to church.” What the member of staff told us was consistent with what was in the person’s care records. This showed staff understood and respected people’s individuality. We observed staff reassured individuals who were anxious about everyday issues, we noted that staff were sympathetic in approach; they listened intently to people’s concerns and helped them explore solutions to these.

Is the service responsive?

Our findings

People using the service told us they felt staff were responsive and attentive. One person told us, “I was assisted promptly by staff when I felt unwell. Staff quickly realised I needed urgent attention and contacted the emergency services.” We asked all the people who used the service if there were enough activities during the day to keep them occupied. All said that they were very happy and did not want anything else.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. Each person's care plan included information about their needs in relation to age, sexuality, gender, culture, religion, disability and ethnicity so that these needs would be met. Staff demonstrated they respected and promoted these.

People's relatives told us they felt they were listened to and the home was responsive when they raised any concerns or minor issues. One relative said, “if there is anything we are unhappy about we have just to raise it with management, things are responded to quickly.”

The service was responsive to the needs of people who used the service. For example when a risk to a person was identified the manager responded with an action plan to minimise the risk but which allow the individual to be as independent in walking as possible.

People said there were enough staff on duty during the day and night to enable them have a personalised service. People expressed themselves as happy with the way they were cared for. One said, “I want a woman to bath me and mostly it happens.”

Care plans were person centred and detailed how people's needs and preference should be met. We saw there was information about people's background and how they interacted with others and information on people's likes and dislikes detailing how staff could support people in their daily activities. We saw that people's individual preferences and daily routines were noted. Staff demonstrated they knew individual's needs, one person

said, “staff know us well, and I take no milk in tea and they always serve it correctly.” We saw that people's individual daily routines were noted by staff especially in relation to dietary preferences.

People were supported to express their views and be actively involved in making decisions about their care and support. When appropriate relatives were consulted about people's support needs and development of their care plan. Staff involved family, friends or advocate about the care provided where people were living with dementia. This meant the views of the person receiving care were respected and acted on.

Most people told us they were consulted about their care arrangements. We saw people's care and support needs had been assessed and care plans were developed identifying the support people required. Records showed their needs were responded to appropriately and staff followed care plans and guidance provided. The views of the person using the service, staff and other health and social care professionals involved in their care were included in the development of their care plans

Each month people had their needs and risk assessments reviewed, any changes were recorded and staff were informed of changes at handover and via a daily diary. Social workers spoke of completing recent statutory reviews for three of the people using the service, the outcome of these reviews was positive as each individual had their needs fully met by the responsive care arrangements. Staff we spoke with were able to describe the care and support needs of people. They were aware of people's assessed needs and could describe the current care plans and preferences for individuals.

People told us they felt able to talk to a member of staff or the registered manager if they had a concern or wanted to raise a complaint. A person using the service said, “The size of the home means that any gripes are sorted out before they develop into a complaint.” Staff spoken with said they knew what action to take should someone in their care want to make a complaint. The complaints procedure set out how any concerns or complaints would be managed and investigated. The registered manager told us that no complaints had been received in the last 12 months.

Is the service well-led?

Our findings

The people using the service and their relatives told us they felt the home was well-led by the manager who fostered a caring culture and led by example. We found attention was totally focused on caring for the individuals and on ensuring their comfort and wellbeing. One person spoke of the “great hospitality by staff.”

However in our discussions management and staff did not demonstrate an understanding of the principles of good quality assurance, and our findings confirmed this. Although the care records were up to date and relevant to individuals receiving the service there was no system in place to monitor or audit these records or to monitor procedures and to identify and respond to shortfalls. We found some minor shortfalls with record keeping. Care planning records and risk assessments were kept up to date, but associated records and staff records were poorly organised and were not easily accessible. The information was not all stored together in the office facilities on 2nd floor; some records were stored in the dining room cupboard on the ground floor, this made it difficult to access records. The manager acknowledged there were shortfalls in how records were managed and spoke of efforts they had begun to make in order to address these issues. They agreed to reorganise their methods and store all records together in the office which had suitable storage facilities.

Our findings were consistent with reports we received from a local authority officer about the service. They confirmed that this service had made some improvements in recent years with record keeping, they said, “The care at the Whitworth House is good, communication is good verbally and staff respond appropriately to individual requests, but some improvements are still required to the record keeping.”

The registered manager and the provider were directly involved in providing day to day care to people using the service. They told us they asked people if they were happy

with the service on a one to one basis but there was no written evidence of this. We saw an example of this, one person told us they asked to swap their bedroom with one that was vacant, and this request was granted. The registered manager told us they held monthly meetings with people where they were given the opportunity to discuss issues related to the service including food, and activities. However, staff told us that notes of these meetings were not always taken and no records of these meetings were available when we requested them from the manager. Some people we spoke with were not all able to confirm these meetings took place, but they confirmed their choices were considered in ways such as menus and activities, and that communication with management was effective.

The service did not use any type of survey or questionnaire. The manager explained that because of the size of the service they felt that one to one meetings were more personal than using surveys, they acknowledged that a more formal quality assurance process was necessary for the service. These findings demonstrate the provider had not developed an effective quality assurance system for the service, it was not using people’s feedback to drive improvement, and was not monitoring effectively via audits and other processes ways to improve the quality of people’s care and support. This was a breach of Regulation 10 (1) (a) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The management team anticipated risks to the service and managed them well by developing suitable risk management procedures. Records showed how staff took on board care plans and followed guidance on how to minimise risks. This was also confirmed by health and social care professionals. The management team worked alongside organisations that promoted and guided on best practice. A health professional told us that following a request from the home’s management team they had worked closely on providing guidance and training to the management team on best practice in dementia care, and this was reflected in practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The quality assurance system was not sufficiently developed; it did not make proper provision for quality monitoring and identifying shortfalls in the service, and for making the necessary improvements that were required.</p>