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Whitwell Park

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

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

There was a registered manager at the service at the time of our inspection. 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.

Whitwell Park is a home for up to thirty-five people with learning disabilities. There were thirty-three people using the service at the time of our inspection visit.

Our previous inspection visit in August 2013 found that some aspects of care documents did not contain

Summary of findings

sufficient information to ensure people's individual needs were fully met. We found this had improved on this visit and that records were detailed, personalised and up to date.

People using the service were protected from the risk of abuse because the provider had taken steps to minimise the risk of abuse. Decisions related to peoples care were taken in consultation with people using the service, their representative and other healthcare professionals, which ensured their rights were protected.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment best interest meetings were held which involved family members, independent mental capacity advocates, and social workers.

There were some potential hazards in the building that could pose a risk to people's safety and some medicines were not administered according to the manufacturer's recommendations.

There were enough staff available at the service and staffing levels were determined according to people's individual needs.

Staff received training that was relevant in supporting people with learning disabilities. Staff were supported through strong links with community healthcare professionals to ensure people received effective care relating to their diet and their ongoing healthcare needs.

There was a friendly, relaxed atmosphere at the home. People told us they enjoyed living there and their relatives told us that staff were caring and compassionate. People were able to take part in activities of their choice but options were limited for some people**.** We have made a recommendation about the type of equipment in use. There was also some care practice that did not ensure people's privacy and dignity was maintained.

The registered manager at the home was familiar with all of the people living there and staff felt supported by the management team. Regular staff and residents meetings were held by the service to ensure people were involved and could have their say in the running of the service.

Written responses were recorded to complaints but it was not always clear exactly what action had been taken to resolve the issues. It was also not clear whether the complainant was satisfied with the outcome.

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?

Requires Improvement

This service was not consistently safe.

People using the service and their relatives told us they felt safe living at the home and they had no concerns. Staff were aware of what steps they would take to protect people.

We found there were some potential hazards in the premises such as insecure doors and clutter obstructing the lift entrance. Medicines were not always given according to manufacturer's guidance and there were some omissions in recording.

Is the service effective?

Good

The service was effective.

Staff completed relevant training to enable them to care for people effectively but were not always supported regularly to carry out their roles.

We found the service was meeting the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a balanced diet and told us they enjoyed their food.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People who used the service and their families that we spoke with told us they were happy with the care and support they received at Whitwell Park. We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service However, we saw some care practice that did not always ensure people's privacy and dignity was maintained.

Care plans were written to ensure they met individual needs and staff were aware of people's choices, likes and dislikes but did not detail their goals and achievements.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People using the service did not always lead active social lives that were individual to their needs. We saw some people sitting for long periods without any interaction or activity and there were limited links with the community.

People using the service were able to go to visit family and friends or receive visitors.

Summary of findings

People were encouraged to express their views and concerns but the actions taken following this were not always clear.

Is the service well-led?

Good

The service was well-led.

People using the service, relatives, staff and healthcare professionals praised the manager of the service for the way the home was run.

There was an open culture at the home and staff told us they would not hesitate to raise any concerns and felt that any concerns would be dealt with appropriately.

A number of audits were carried out at the home to monitor the service, these included health and safety audits. Incidents at the home were used as an opportunity for learning.

Whitwell Park

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 was planned to check 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.

This inspection took place on 21 and 22 October 2014 and was unannounced. It was undertaken by an inspector, specialist advisor in learning disability, a pharmacy inspector and an expert by experience of people living with a learning disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local authority responsible for contracting and monitoring some people's care at the home. They told us there were no outstanding issues at the time of the inspection visit.

We spoke with nine people living at the home, one person's relatives and eight staff, including two deputy managers and the registered manager. We spoke with five external health and social care professionals including a speech and language therapist, social workers and health specialists.

We observed how staff approached and interacted with people receiving care and we looked at three people's care records. We looked at a range of other records relating to the care people received. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records, food menus and medicines administration records.

Requires Improvement

Is the service safe?

Our findings

At our inspection, one person said, “I like being here” and another confirmed they felt safe at the service.

There were robust procedures in place, which staff understood to follow in the event of them either witnessing or suspecting the abuse of any person living at the home. Staff also told us they received training for this and had access to the provider’s policies and procedures for further guidance. They were able to describe what to do in the event of any abusive incident occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. This meant that the provider was taking appropriate steps to safeguard people from harm and abuse.

Staff we spoke with told us their management of behaviours described as challenging had improved and as a result people using the service and staff were safe. One said “we receive training and updating every 12 months as a lot of the time we do not have any real problems”. We saw there were risk assessments in place that were up to date and gave clear instructions to staff on how to minimise any potential risks, for example in relation to preventing skin damage and falls. We saw staff offered appropriate guidance to people when mobilising to minimise the risk of falls.

We saw the building was mostly clean and tidy although there were some potential hazards, such as clutter in the lift area and open fire doors that could affect the safety of people using that part of the premises. This was brought to the attention of the manager during the visit, who agreed to rectify this.

People we spoke with who use the service, their relatives and staff told us there were sufficient staff to meet individual needs. Staff also said any absences were usually covered. We looked at staff rotas, which confirmed this, and showed that cover for absences was obtained. We saw there were sufficient staff available in communal areas to ensure people’s needs were met in a timely manner.

We found that the provider had systems in place to ensure suitable people were employed at the service. The records we looked at showed us that identity information, Disclosure and Barring Service (DBS) checks and references were obtained before a person commenced working in the service.

We found that people were receiving their medicines as prescribed. We looked in detail at the medicines and records for eight people living in the home. Medicines were given when people needed them. Clear records were made of when to give the next dose of medicines that are not given every day, to ensure that people got their medicines on time. There were no gaps on the administration records and any reasons for people not having their medicines were recorded. We observed people being given their medicines by the nursing staff. We saw that administration records were referred to prior to the preparation and administration of the medicines and the administration records were being signed after the medicines had been given.

Blood tests were being carried out for some people to ensure that their medicines remained safe for them to take. However, there was no system in place to ensure that tests were done on time, leaving people potentially at risk of getting an incorrect dose of their medicine. . When people had patches applied we did not see any records to show that they were applied, and to different parts of the body, in line with the manufacture’s guidance.

People who had been prescribed medicines on a when required basis may not have had these medicines given in a consistent way by the nurses. We found that people’s records had sufficient information to show the nursing staff how and when to administer these medicines. However, this had not always been recorded.

We saw that one person had very minimal information in their care plan about how to give medicines by a non-oral route. We spoke with two staff who both described two different but appropriate methods to do this. This meant there was the potential for confusion about how to administer medicines effectively via a non-oral route.

Good

Is the service effective?

Our findings

People were supported to maintain good health and nutrition and to access healthcare services when required. This included for routine health screening, such as eyesight or dental checks. One relative told us their family member's health had improved since using the service. They said "They're walking now but were in a wheelchair when they first came" and described the staff input as "marvellous".

Care plans were regularly reviewed and detailed any support provided from outside health care professionals, including for the purposes of routine health screening. For example, doctors and district nurses. A speech and language therapist we spoke with confirmed that their advice was sought appropriately and that staff were knowledgeable about individual needs and followed through their recommendations. This meant people's health needs were addressed.

Staff also told us that they received the training they needed, which they said included regular updates when required. External health professionals we spoke with confirmed that staff were knowledgeable about people's individual needs. One told us they could not praise the service enough and described the staff team as helpful.

We saw that people's health needs were identified and plans of care helped staff to meet people's needs effectively. For example, in relation to eating, there were special instructions to follow to minimise the risk of choking.

We saw that a senior member of staff was responsible for organising training and that this included specialist techniques for non-physical interventions when dealing with behaviour that challenges. Staff told us they thought they were more effective in dealing with any incidents as a result of the training. The manager provided written confirmation from an external organisation that the service had achieved a NAPPI (Non abusive Psychological and Physical Intervention) centre of excellence award stating they were "working above and beyond the expectation" of the British Institute of Learning Disabilities code of practice.

Training records we saw confirmed that staff received regular updates in subjects relevant to their roles. However, not all staff received regular support or supervision. Although staff told us they felt confident in their abilities to meet people's needs, one staff member told us "I can't remember when I last had any (supervision)". Although staff induction records were brief, staff told us they received enough guidance and support to feel confident in their role.

We saw in three people's records that mental capacity assessments were completed, to meet with the full requirement of the Mental Capacity Act 2005 (MCA). The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Senior staff we spoke with understood the basic principles of the MCA.

Staff responsible for assessing people's capacity to consent to their care, demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

We saw where people were able to make certain decisions, they were supported to do this; for example in day to day choices of clothing, food and entertainment.

People also told us they enjoyed their food. One person said "The meals are good." We saw that staff offered people a choice of drinks with their meal and staff gave them the assistance and support they needed to eat. We saw there was a choice on the menu and that some people had an option that was not on the menu if they wished. We looked at the menus and saw that there were healthy options available that met people's individual needs**.** However, we did not see drinks being readily available for anyone to help themselves. The manager told us that this was because some people may pose a risk to others if jugs and tumblers were in communal areas but alternatives such as drinks dispensing machines had not been considered.

We saw the premises were suitable for people with mobility difficulties with lift access between floors and access to outside space. We also saw a sensory space had been developed in one area of the building for people to use. This enabled people to have stimulation and interactions that met their individual needs.

Requires Improvement

Is the service caring?

Our findings

People we spoke with told us they were satisfied with the service and thought they had the right support. One person said “It’s good here” and another said “I like being here”.

We spoke with two sets of relatives of people using the service. They told us that they thought their family members were well cared for. One told us “Everything is great” and said they thought their family member was happier since using the service. Another told us “The staff are absolutely fantastic, so caring” and said they brought out the best in people and that it was a happy home. We saw staff interactions with people were warm and friendly and that people had a good rapport with both support workers and the management team.

We saw most people were treated respectfully but during our lunchtime observation we saw one person who was crying because she said that she had a bad headache, and asked for some tablets. A staff member made enquiries and she was told to wait until staff had finished their own meal. This showed that staff did not always prioritise people’s needs over other tasks that could wait.

We saw people were mostly appropriately dressed but we saw one incident of a person walking around without any footwear. This was brought to the attention of the deputy manager who acknowledged the person usually wore footwear and arranged for them to have assistance to put on socks and shoes. We also saw one person being assisted to the toilet and they were removing their clothes before the door was closed, which meant people passing could see what they were doing and their privacy and dignity was compromised.

Staff told us they were doing work to promote dignity and this was confirmed by the training co-ordinator. However, some of the age inappropriate equipment in use, such as a ‘Wendy House’ in the garden and children’s toys, did not validate this. **We recommend the service seek advice and guidance from a reputable source on suitable equipment for adults with learning disabilities.**

In the records we looked at we did not see plans detailing people’s goals and achievements that showed how independence was enabled. This meant the provider was not ensuring the national guidance ‘Valuing People Now’ for people with learning disabilities was being followed. It was also unclear from the records we looked at how people or their representatives were involved in developing their care plan. We saw some people had signed their plans but others had not and there was no verification that methods other than signing had been used to demonstrate their involvement.

Requires Improvement

Is the service responsive?

Our findings

Our previous inspection visit in August 2013 found that some aspects of care documents did not contain sufficient information to ensure people's individual needs were fully met. We found this had improved on this visit and that records were detailed, personalised and up to date. The care records we looked at included details about people's mental, physical and social needs so that staff were aware of the actions that needed to be taken so that people's needs were met. There was information about what personal care tasks people could do for themselves and where they needed support and relevant risk assessments were in place to ensure people were supported safely. They were personalised and detailed and were reviewed monthly. A relative told us that their family member's medicines had been reduced substantially since using the service as a result of staff being able to respond appropriately to their needs.

We found there were some inconsistencies in people's participation in leisure activities. We saw that some people went out into the community and were involved in interests of their choice, for example shopping, assisting with a coffee morning and attending football matches. One person told us "Staff take us out, it's nice to get out and have a walk" and another person told us they had been out shopping. However, those people who remained on the premises were mostly sitting in lounges with little involvement in any activity. For example, we saw two people lying on their bed for the majority of the time we were in the building, four remained in the same chair for over two hours and staff did not offer any stimulation. Records we saw did not identify that this was people's personal choice.

We discussed community involvement with the manager and deputy manager. They told us that some participatory events, such as college courses, health courses and local social clubs had ceased for the people using the service. This was due to the external provider organisation withdrawing the service or people not wishing to attend. Following our visit the manager supplied written details of community resources that the service had previously been involved with such as working at a farm, sporting activities, craft clubs and health initiatives. It also showed that in-house occupation included crafts, baking and exercises. They told us they were investigating other options but that there had been no replacements at the time of our visit.

The provider was, therefore, not consistently providing a personalised service with community participation and integration to support people to increase and maintain their independence, as recommended in national policy guidance 'Valuing People Now'. **We recommend that the service seek advice and guidance from a reputable source to improve its lifestyle choices for people using the service.**

People we spoke with told us they would go to staff or the manager if they had any concerns about the service. Relatives told us that they had been satisfied with the response to queries they had. One relative told us, "You only have to ask and they do it straight away". There was no pictorial information on display to assist people without verbal communication to understand how to make their views known.

We saw complaints and comments were recorded. Written responses were recorded but it was not always clear exactly what action had been taken to resolve them and whether or not the complainant was satisfied with the outcome.

Good

Is the service well-led?

Our findings

There was a senior management team to support the registered manager and ensure that people who received a service were at the centre of the way the service was managed. People we spoke with knew who the manager was and came to the office door if they wanted to talk with her or any other senior staff. We saw hey were listened to and received an appropriate response.

We saw that there was up to date guidance available from the Department of Health on "Positive and Proactive Care", which included an easy read version. However, this was located in the manager's office and was not easily accessible to staff. We found that some elements of the service, particularly in relation to community inclusion and lifestyle choices, were not always following best practice guidance.

We found in discussion with staff that they were motivated and open with people about what was happening in the service .They knew how to raise concerns or highlight poor practice. Most of the staff spoken with told us that they were confident that any concerns would be listened to and acted on by the manager and that they received the right sort of support to work to the best of their ability. One staff member said "I can approach any of the team for support".

We saw that there were opportunities for people to provide feedback about the service and possible improvements. We saw that a survey had been completed recently by families of people who lived in the home. They all said that people were happy in the home and praised the staff. No concerns were raised. Regular meetings for staff and people using the service were held to ensure people were involved and could have their say in the running of the service.

We saw that a range of records, such as medication records, care records and staff records were audited by the manager so that they were up to date and any necessary changes and amendments were made. For example, we saw staff had completed evaluations of care when this had been identified as required by the audit. We also saw records of incidents and accidents were audited and the manager was aware of the numbers and types of incidents that had occurred and took any action needed to reduce the risk of a re-occurrence.

We also saw there were systems in place to ensure the building and equipment was maintained to a satisfactory standard. We saw health and safety audits were carried out monthly and covered cleanliness, electrical equipment and fire safety. We saw where an action had been required this had been carried out, which helped to ensure the premises were safe for people to use. We saw there were up to date checks of electrical appliances and fire safety systems and equipment, which meant the provider took steps to ensure the premises were safely maintained.

The provider notified the Commission of important events and incidents affecting the service, as legally required. Records were stored securely and were in good order.