Living Ambitions Limited

Whitwood Hall

Inspection report

Whitwood Lane
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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

The inspection of Whitwood Hall took place on 11 May 2016. The inspection was unannounced. We previously inspected the service on 18 and 19 February 2015 and at that time we found the provider was not meeting the regulations relating to safeguarding people from abuse. On this inspection we checked and found improvements had been made.

Whitwood Hall is a residential care home for adults who have a learning disability and behaviour that challenges. It consists of three units, each one providing care and support for individuals with different levels of need.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. The service did not have a registered manager. The manager had applied to register with CQC, but at the time of the inspection the application had not been finalised.

People who used the service told us they felt safe at Whitwood Hall. Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse. Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence.

Effective recruitment and selection processes were in place and medicines were managed in a safe way for people.

There were enough staff to provide a good level of interaction. Staff had received an induction, supervision, appraisal and role specific training. This ensured they had the knowledge and skills to support the people who used the service.

People's capacity was always considered when decisions needed to be made. This helped ensure people's rights were protected in line with legislation and guidance.

People were supported to eat a balanced diet and meals were planned on an individual basis.

Staff were caring and supported people in a way that maintained their dignity and privacy.

People were supported to be as independent as possible throughout their daily lives.

The service was led by each individual's goals and aspirations. Individual needs were assessed and met through the development of detailed personalised care plans and risk assessments.

People and their representatives were involved in care planning and reviews. People's needs were reviewed as soon as their situation changed.

People engaged in social activities which were person centred. Care plans illustrated consideration of people's social life which included measures to protect them from social isolation.

Systems were in place to ensure complaints were encouraged, explored and responded to in good time and people told us staff were always approachable.

The culture of the organisation was open and transparent. The manager was visible in the service and knew the needs of the people who used the service.

People who used the service, their representatives and staff were asked for their views about the service and they were acted on.

The registered provider had an overview of the service. They audited and monitored the service to ensure the needs of the people were met and that the service provided was to a high standard.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Staff had a good understanding of safeguarding people from abuse.

Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence.

There were enough staff on duty to meet people's individual needs and keep them safe.

Medicines were managed in a safe way for people

Is the service effective?

Good

The service was effective

Staff had received specialist training to enable them to provide support to the people who lived at Whitwood Hall

Capacity was considered when decisions needed to be made

Meals were individually planned with people

People had access to external health professionals as the need arose.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a caring and respectful way.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives.

Is the service responsive?

Good

The service was responsive

Care plans were person centred and individualised.

People were supported to participate in activities both inside and outside of the service.

People told us they knew how to complain and told us staff were always approachable.

Is the service well-led?

Good

The service was well led

The culture was positive, person centred, open and inclusive.

The manager was visible within the service

The registered provider had an effective system in place to assess and monitor the quality of service provided.

Whitwood Hall

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 11 May 2016 and was unannounced. The inspection consisted of two adult social care inspectors and a specialist advisor with expertise in mental health and learning disabilities.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding and commissioners. We had sent the provider a 'Provider Information Return' (PIR) form prior to the inspection, which the provider had returned. This form enables the provider to submit in advance information about their service to inform the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. Some people were unable to communicate verbally and as we were not familiar with everyone's way of communicating we used observation as a means of gauging their experience. We spent time in the lounge area and dining room observing the care and support people received. We spoke with five people who used the service, three members of staff, the deputy manager and the manager. We looked in the bedrooms of five people who used the service. During our visit we spent time looking at three people's care and support records. We also looked at three records relating to staff recruitment, training records, maintenance records, and a selection of the services audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at Whitwood Hall. One person said, "It is lovely here and I never, ever, ever want to leave." We asked them why, they said, "because I am safe".

At our last inspection in February 2015 we found the provider was not meeting the regulations relating to safeguarding people from abuse because all incidents were not reported to the local authority safeguarding team. At this inspection we checked and found improvements had been made. We saw safeguarding incidents had been dealt with appropriately when they arose and safeguarding authorities and CQC had been notified. This showed the manager was aware of their responsibility in relation to safeguarding the people they cared for.

Staff we spoke with were clear about their responsibilities to ensure people were protected from abuse and they understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any bad practice in order to ensure people's rights were protected. Staff said, "If I was concerned I would always go to a manager. If I was concerned about a manager I would go above them." We saw information around the building about reporting abuse and whistleblowing.

Systems were in place to manage and reduce risks to people. In people's care files we saw comprehensive risk assessments to mitigate risk when accessing the kitchen, behaviour that challenged, personal security, physical health, finances, decision making and using public transport. We saw these assessments were reviewed regularly, signed by staff and up to date. The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence. For example balancing a person's ability to access public transport with their ability to plan a return journey. This showed the service had a risk management system in place which ensured risks were managed without impinging on people's rights and freedoms.

Staff told us they recorded and reported all incidents and people's individual care records were updated as necessary. We saw in the incident and accident log that incidents and accidents had been recorded in detail and an incident report had been completed for each one. Staff were aware of any escalating concerns and took appropriate action. We saw the registered provider had a system in place for analysing accidents and incidents to look for themes. This demonstrated they were keeping an overview of the safety of the service.

The manager told us each person who used the service was allocated staff according to their assessed needs and we saw this was reflected in their care records and tallied with the number of staff on duty. We saw appropriate staffing levels on the day of our inspection which meant people's needs were met promptly and people received sufficient support.

The provider had their own bank of staff to cover for absence and asked familiar staff to do extra shifts in the event of sickness. This meant people were normally supported and cared for by staff who knew them well.

We saw from staff files recruitment was robust and all vetting had been carried out prior to staff working with people. For example, the provider ensured references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. This showed staff had been properly checked to make sure they were suitable and safe to work with people.

Appropriate arrangements were in place for the management of medicines. The manager told us all staff at the home completed training in safe administration of medicines every year and we saw certificates to confirm this. We saw staff competence in giving medicines was also assessed regularly. This meant people received their medicines from people who had the appropriate knowledge and skills.

Staff we spoke with had a good understanding of the medicines they were administering and we saw medicines being administered as prescribed. People's medicines were stored safely in secure medicines cupboards.

Blister packs were used for most medicines at the home. We found all of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered. Staff maintained records for medicines which were not taken and the reasons why, for example, if the person had refused to take it, or had dropped it on the floor. We saw a stock check was completed daily and signed by two members of staff. This demonstrated the home had good medicines governance.

Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded.

Medicines care plans contained detailed information about medicines and how the person liked to take them, including an individual 'as required (PRN) medication protocol for the person. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Some people living at the home were living with Autistic Spectrum Disorders (ASD) or diagnosed mental health problems and behaviour that challenges. We looked specifically for the use of medicines as interventions for challenging behaviours. We found analysis had taken place to identify what appeared to trigger behaviours and any trends in behaviour to enable staff to de-escalate situations, commonly without the need for PRN medicines.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing (PAT). Checks had been completed on fire safety equipment and fire safety checks were completed in line with the provider's policy. A series of risk assessments were in place relating to health and safety.

People had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported if the building needs to be evacuated. A fire training sheet was signed by staff and fire drills occurred regularly. This showed us the home had plans in place in the event of an emergency situation.

Good

Is the service effective?

Our findings

Staff were provided with training and support to ensure they were able to meet people's needs effectively. We saw evidence in staff files that new staff completed an induction programme when they commenced employment at the service. We asked three staff what support new employees received. They told us they completed induction training and then shadowed a more experienced staff member for around three days before they were counted in the staffing numbers. The shadowing focused on getting to know people's individual needs and preferences. Induction training was followed by completion of the care certificate. This demonstrated that new employees were supported in their role.

We looked at the training records for three staff and saw training included infection prevention and control, first aid, food hygiene, autism awareness, mental health awareness, and safeguarding adults. Staff told us and we saw from records they also completed specialist training in preventing and managing behaviour that challenges, as well as extended autism awareness training and person centred approaches. The manager told us one person who used the service trained staff themselves to show them how they liked to be supported. We saw from the training matrix training was up to date and further training was planned onto the rota. This demonstrated people were supported by suitably qualified staff with the knowledge and skills to fulfil their role.

Staff we spoke with told us they felt appropriately supported by managers and they said they had supervision every one to two months, an annual appraisal and regular staff meetings. Staff said, "I feel supported." and, "You do have a lot of support. I can ask if I am unsure." Staff supervisions covered areas of performance and also included the opportunity for staff to raise any concerns or ideas. This showed staff were receiving regular management supervision to monitor their performance and development needs.

Staff told us communication was good. A 15 minute handover was held between shifts and a daily handover sheet for each person was used, plus a senior staff jobs sheet and communication book to share information such as health issues, activities and incidents or concerns. Regular core group meetings were also held in each house to discuss people who used the service and house issues.

The registered provider had policies in place in relation to the Mental Capacity Act 2005 (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw seven people were subject to DoLS authorisations and of these three had conditions attached. We saw from care plans the conditions had been incorporated into the plan and were

subject to regular review.

Staff at the service had completed training and had a good understanding of the Mental Capacity Act 2005. One staff member said, "We always involve people in every decision made." We asked the registered manager about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and they were able to describe to us the procedure they would follow to ensure people's rights were protected. This meant that the human rights of people who used the service were protected and they were not unlawfully restrained.

Where people did not have capacity to make complex decisions, we saw examples where best interest meetings were held involving families and health and social care professionals. We saw in the files of people who used the service mental capacity assessments and best interest decisions had been made in relation to important decisions for the person, such as moving house, refusing medicines and using a door sensor. This meant the rights of people who used the service who may lack the capacity to make certain decisions were protected in line with the requirements of the Mental Capacity Act 2005.

We saw care plans described a comprehensive risk-benefit assessment and the exceptional circumstances when restraint could be used. Care plans and incident records showed that physical intervention was only used as a last resort where harm may come to the person concerned or to those close by and methods of restraint were the least intrusive possible. All incidents were clearly documented. Information recorded included the contributing factors to behaviours, staff's interpretation of triggers to the behaviour and any method of restraint used, for example, blocking an intended assault. The length of time the restraint was in place was recorded as were the names of staff involved. The incident records showed the event was subject to senior staff review with any lessons learned translated into care plans. Staff we spoke with were able to describe de-escalation techniques and how they minimised the use of restraint.

People at Whitwood Hall told us they enjoyed their meals and could choose what they wanted. Meals were planned on an individual basis around the tastes and preferences of people who used the service. We heard staff offering a person who used the service a choice of meal and we saw they received the meal and drink of their choosing. In one house a menu was produced from meals staff knew people enjoyed. In another house people were supported to do all their own cooking. Sometimes people chose to eat out and meals were adjusted accordingly. Each person had a list of food likes and dislikes in their care records, which was used to inform meal planning and some people had individual space in the kitchen for personal food items. We saw some people helped themselves to a hot drink and that food and drink was offered to people throughout the day.

We saw the individual dietary requirements of people were catered for, for example; one person who used the service was supported to follow a gluten free diet. Meals were recorded in people's daily records. This included a record of all food consumed, including where food intake was declined and details of the food eaten. People were weighed weekly to keep an overview of any changes in their weight. This showed the service ensured people's nutritional needs were monitored and action taken if required.

People had access to external health professionals as the need arose. Staff told us systems were in place to make sure people's healthcare needs were met. Staff said people attended healthcare appointments and we saw from people's care records that a range of health professionals were involved. This had included GP's, psychiatrists, community nurses, chiropodists and dentists, speech and language therapy and psychologists. This showed people who used the service received additional support when required for meeting their care and treatment needs.

The atmosphere of the houses was comfortable and homely. We saw effort had been put into creating an environment suitable for people with ASD and associated mental health problems. The colour of walls and furnishings avoided the use of patterns and commonly used low-arousal colours such as cream. Lighting did not glare with little use of fluorescent lighting. There were pictures, craft work and photographs in the communal areas. Communal baths and showers were available for use with appropriate equipment to meet individual people's needs. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who used the service. One person, who was now based downstairs due to changes in mobility was awaiting conversion of the downstairs toilet into a wet room and was using the bathroom in another house. Whilst they were content to do this the manager was pushing for the work to be completed to promote the person's dignity.

Good

Is the service caring?

Our findings

People who used the service told us they liked the staff and we saw there were good relationships between people. Staff we spoke with enjoyed working at Whitwood Hall and supporting people who used the service. One staff member said, "The best thing about working here is the service users. You grow a bond with people." Another said, "I always think would I put my family in here and the answer is yes."

Staff we spoke with had a good knowledge of people's individual needs, their preferences and their personalities and they used this knowledge to engage people in meaningful ways, for example engaging a person in animal care and chatting to them during the activity. Staff told us they spoke to the person, or their family members, about their likes or dislikes and spent time getting to know them during induction to the home. We saw care files contained detailed information about the tastes and preferences of people who used the service and staff told us they had opportunity to read these records before commencing work with the person. This gave staff a rounded picture of the person, their life and personal history.

Staff worked in a supportive way with people and we saw examples of kind and caring interaction that was respectful of people's rights and needs. We saw one person was reassured in a kind and supportive way when they returned from a health appointment.

People were supported to make choices and decisions about their daily lives. Staff used speech, gestures, photographs and facial expressions to support people to make choices according to their communication needs. For example one staff member said, "I like to give everyone a choice in everything. When shopping I show (person) a choice of clothes and they will point to the one they like." People had a choice of holidays each year. We saw where people lacked capacity to make certain decisions they had access to advocacy services as the need arose.

We saw staff took an interest in people's well-being and were skilful in their communications with people, both verbally and non-verbally to help interpret their needs. Some people living at the home had Autistic Spectrum Disorders (ASD). We saw staff interacted with people with ASD with a structured and therapeutic approach. Staff helped people to develop social skills and manage stress. We saw the service used schedules and timetables to give the necessary structure and visual cues to people. We spoke with one person to ask about how they spent their time. They immediately referred to various discrete notices on their bedroom wall which highlighted points in time and activities within the week. Their facial expression clearly indicated the importance of the timetable.

People's individual rooms were personalised to their taste and great efforts had been made by the service to ensure each person's room was comfortable and suitable for them, for example one person had a bed in the style of a VW campervan and matching wall paper. Another person had a room attractively decorated with sensory items and a bed with curtains to enable them to feel secure and promote sleep in line with their assessed needs and preferences. People who used the service had been involved in the decoration of the rooms. We saw in one house meeting a person had requested pink walls and their bedroom wall was now pink. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity

and make a person feel more comfortable.

Staff were respectful of people's privacy; they knocked on people's doors and asked permission to enter. Staff told us they kept people covered during personal care and ensured doors were closed.
One staff members said, "I always talk to people and inform what I am doing." We saw private time, dignity and sexuality were considered in people's care plans. The manager had recently appointed a dignity champion and a dignity meeting was planned onto the rota.

The service was in the process of appointing equality and diversity champions and some staff had extra training in supporting people with sexuality issues. One staff member told us how they supported a person who used the service with their sexual identity support needs and they demonstrated a good understanding of equality and human rights issues.

People were encouraged to do things for themselves in their daily life, such as cooking, washing, cleaning and shopping. We saw people were supported to safely help themselves to a hot drink and maintain their independent living skills. Some people who used the service used the community independently and this control and independence was actively promoted by the service using their 'keeping safe' care plan. This showed people living at the home were encouraged to maintain their independence.

Good

Is the service responsive?

Our findings

One person who used the service said, "I have a key worker called [name] and they see to my needs".

Through speaking with people who used the service and staff we felt confident people's views were taken into account. We saw staff at Whitwood Hall were responsive to people's needs, asking them questions about what they wanted to do and planning future activities. Staff were patient with people, and listened to their responses. One staff member said, "Whatever people want to do we want to support them to do it. Whether that is flying in an aeroplane or losing weight." We saw people had been involved in planning their care wherever possible. Where this was not possible or not desired by the person their family and other relevant health and social care professionals had been involved. This meant that the choices of people who used the service were respected.

The staff we spoke with had a good awareness of the support needs and preferences of the people who used the service. One staff member said, "(Person) loves football and goes horse-riding every week." We found care plans were person centred and explained how people liked to be supported. For example, entries in the care plans we looked at included, "My phone time; How to support me." And, "(Person) shops for their food daily." This helped care staff to know what was important to the people they cared for and helped them take account of this information when delivering their care. Daily records were also kept detailing what activities the person had undertaken, what food had been eaten, as well as their mood and any incidents. This showed the service responded to the needs and preferences of people who used the service.

It was evident through discussions with staff that they spent time trying to understand each person and how best to meet their needs. Care plans were detailed and covered areas such as accessing the community, hygiene, communication, food and shopping, medication, decision making, money and relationships and included long term goals that the person was working toward. For example, one person's care plan described the level of support they needed to keep their room tidy and clean. It described the prompts which would help the person to live as independently as possible. There were photographs of success stories on the landing in one house, were people who lived there had achieved their goals, to celebrate their successes.

Care plans also contained detailed information about people's individual behaviour management plans, including details of how staff would care for people when they exhibited behaviours that challenged, and the action staff should take in utilising de-escalation techniques. When we spoke with members of staff they were aware of this information. This showed the service responded to changes in the behaviour of people who used the service and put plans in place to reduce future risks.

People's needs were reviewed as soon as their situation changed. The manager told us, and we saw from records, reviews were held regularly and care plans were reviewed and updated monthly or when needs changed. These reviews helped monitor whether care records were up to date and reflected people's current needs so that any necessary actions could be identified at an early stage.

People told us they went to local pubs, café's, shops and discos and on trips further afield. Some people were involved in playing rugby at the local rugby club and one person was supported to keep pets, which they clearly enjoyed. Staff spoke with good insight into people's personal interests and we saw from people's support plans they were given many opportunities to pursue hobbies and activities of their choice. We saw each person had an activity schedule, as well an individually planned holiday each year. People told us they were enabled to see their families as often as desired. This meant staff supported people with their social needs.

People we spoke with told us staff were always approachable and they were able to raise any concerns. Each house had a display with pictures about how to make a complaint. They also had a "you said: we did" display that was made with paper flowers to be visually appealing. We saw there was an easy read complaints procedure on display. Staff we spoke with said if a person wished to make a complaint they would facilitate this. One staff member said, "People will tell you what they think. Everything around them is what they have asked for." We saw the complaints record showed where people had raised concerns these were documented and responded to appropriately. Compliments were also recorded and available for staff to read.

Good

Is the service well-led?

Our findings

The service was well led. One person who used the service said, "It's great at the moment." Another person told us they spoke to the manager if they had any concerns.

The Registered Manager of the service left in September 2015 to manage another service run by the same provider. The new manager had been acting manager since that time and prior to that had worked at the service for around thirteen years. They had applied to become Registered Manager of Whitwood Hall at the time of our inspection. The management structure had recently been improved to include a senior support worker on duty every day in each of the three houses where previously there had been one on duty. Two deputy managers worked 40 hours a week and managers now worked shifts at weekends to support staff due to an increased number of behavioural incidents at these times. Staff said, "We have had a lot of people step up to different roles. You feel valued by managers."

Throughout our inspection we saw the manager provided visible leadership within the home. They demonstrated a caring and person-centred approach. The manager regularly worked with staff providing support to people who lived there, which meant they had an in-depth knowledge of the needs and preferences of the people they supported. Staff we spoke with were positive about the manager and told us the home was well led. They told us, "The manager is very approachable." "The manager is always there to speak to. Things run smoothly."

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The service had a 'float your boat' scheme, where staff were able to give and receive positive comments and these were displayed for all staff. The manager had also nominated a staff member for a reward from the provider for working, "above and beyond" their role and going the extra mile. The manager told us they felt supported by the provider, and were able to contact a senior manager at any time for support.

People who used the service, their representatives and staff were asked for their views about the service and they were acted on. We saw in one house people who used the service had requested a home cinema screen in the lounge of their house and this had been purchased. A board was displayed in another house showing what had been asked for at relatives and residents meetings and what action had been taken. One person who used the service had daily meetings with the manager as part of their support plan.

The manager said the service aimed to ensure people who used the service felt listened to and were happy. People had been supported to fill in service user questionnaires about the quality of the service. The responses were all positive and the registered manager at the time had responded individually to each person. Anonymous questionnaires were sent out to family members by the provider and returned in April 2016. Responses had been checked for concerns, but were yet to be analysed for any themes. Feedback from families was all positive, except one person preferred more consistent staffing for their relative.

Staff meetings were held approximately every month. Where staff meetings were held to impart information to teams, praise was given and recorded as well as areas to improve. Topics discussed included staff

training, individual resident's needs, feedback from the staff survey and health and safety. Actions from the last meeting were discussed and goals were set from the meeting. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care for people.

The manager told us they attended managers' meetings and training to keep up to date with good practice. This meant the manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people using the service.

We saw audits were maintained in relation to premises and equipment. There was evidence of internal daily, weekly and monthly quality audits and actions identified showed who was responsible and by which date. Audits of medicines and service users' money were conducted daily. Care plans and documents were also reviewed and audited frequently. This showed staff compliance with the service's procedures was monitored.

Information was passed to the provider by the manager every month regarding incidents, complaints, supervision, health and safety and other issues. The operations manager visited the home regularly to provide support and the provider's compliance team also visited to complete audits and ensure compliance with the provider's' policies and procedures. This demonstrated the senior management of the organisation were reviewing information to drive up quality in the organisation.