

White Leaf Support Ltd

215 Hughenden Road

Inspection report

215 Hughenden Road
High Wycombe
Buckinghamshire
HP13 5PG

Tel: 07771373240
Website: www.whiteleafcare.com

Date of inspection visit:
15 June 2016
17 June 2016
20 June 2016

Date of publication:
11 November 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 15 17 and 20 June 2016. These were unannounced visits to the service. The previous inspection took place on 3 April 2014 when it was found to be fully compliant.

White Leaf Support provides accommodation for up to six younger adults with a learning disability or autistic spectrum disorder. At the time of the inspection there were five people using the service.

At the time of inspection there was no registered manager. The last registered manager left their position in October 2015. A series of managers had been in charge of the service since then. The service was in the process of appointing a manager who had previously worked at the service. 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.

We found a number of areas the service needed to improve on. Records were not always kept up to date and suitably maintained; people had recently had their risk assessments updated by the acting manager. However, the identified risk was not always followed through in the support plan.

Consent was not sought in line with legislation. People had not provided consent before care and treatment was provided. We spoke with the interim manager at the home about this during our feedback and they said it is 'in progress'. We also spoke with the operations manager who visited the service on the second day of our inspection. They told us it was being addressed.

Staff did not always receive appropriate on-going training to enable them to fulfil the requirements of their role. Staff were not always supervised to demonstrate they were competent to carry out their role. We asked to see evidence of training staff had completed this could not be produced. Some induction processes were incomplete. Staff we spoke with confirmed they had knowledge and confidence to identify safeguarding concerns and had received training in this area.

The premises were clean and appropriate for the people who lived there, each person's bedroom was personalised with personal belongings. People participated in activities that were tailored to their needs.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to consent to care and record keeping. You can see what action we told the provider to take at the back of the full version of this report.

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 ●

The service was not always safe.

People did not always have plans in place to manage risks.

People's support plans did not always show what actions staff had taken in relation to people's identified risks.

When people had accidents, incidents or near misses these were recorded appropriately

Is the service effective?

Requires Improvement ●

The service was not always effective.

People received care from staff who had not received appropriate regular training to enable them to fulfil their role.

Capacity assessments were not carried out for people who may lack capacity to make specific decisions. Decisions made on behalf of people did not have a best interest assessment.

People received support they needed to attend healthcare appointments.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and compassionate.

People were supported to be independent and to access the community.

Staff knew people's individual communication skills and preferences and took an interest in their well-being.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People or their relatives were not always involved in developing their care, support and treatment plans.

People had a range of activities they could be involved in.

Complaints and concerns were taken seriously and used as an opportunity to improve the service.

Is the service well-led?

The service was not consistently well led.

People were not protected from the risks associated with poor record keeping.

People's care was not effectively monitored to see how the service could improve practice.

The service had been without a registered manager for some time.

Requires Improvement 

215 Hughenden Road

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 15 17 and 20 June and was unannounced.

The inspection was carried out by one inspector. Before the inspection we reviewed information we held about the service. This included notifications regarding safeguarding, accidents and incidents and changes which the provider had informed us about. Prior to the inspection we reviewed a Provider Information Return (PIR). A PIR 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.

At the time of the inspection five younger adults lived at 215 Hughenden Road. In order to gain further information about the service, we spoke with three people who used the service and two relatives. We also spoke with the interim manager who was managing the service whilst a registered manager was recruited. The operations manager and six members of staff.

We observed care practices and people's interactions with staff during the inspection. We reviewed five care records associated with care and support provided. We looked at people's medicine administration records (MAR) charts. We reviewed four staff induction and recruitment files, policies and procedures, meeting minutes and quality monitoring audits.

Is the service safe?

Our findings

Risks to people were not always managed effectively. Where people had identified risks these had not always been followed through in the person's support plan. For example, one person had been identified as at risk of malnutrition and had been assessed by a NHS dietician. The recommendations were to have homemade food supplements. However, there was no evidence of staff monitoring the person's food intake or of any homemade food supplements being given. We were not aware if the person's weight had increased or decreased as staff had not recorded the person's weight. We asked a senior member of staff if the person had been receiving home-made food supplements and they could not confirm this to be the case. This meant the person may not have received adequate calories to maintain an acceptable weight, as advice from the hospital had not been followed.

The same person had been identified as at risk whilst having a bath due to epilepsy. However we could not see evidence that staff were monitoring the person during their bath. We spoke with the interim manager about this. They confirmed staff monitor the person when they are having a bath however, it is not documented that this takes place. It was not documented in the person's care plan that staff needed to monitor the person whilst they were in the bath.

People were kept safe from the risk of emergencies in the home. There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. For example, a Personal Emergency Evacuation Plan (PEEP) was in each person's care plan. A PEEP is a plan to provide people who have any form of disability provisions of escape in an emergency situation.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff we spoke with told us they had received training in safeguarding.

We were aware that some staff were unsure about writing people's daily notes and told us they did not like doing this. We spoke with the interim manager and they told us that training in writing skills and documentation is being sourced for all staff. We looked at daily entries in people's files and found the information was not always in line with best practice and some pages had gaps where no entries had been made. This puts people at risk of receiving care and support that does not always reflect their current needs. Furthermore, staff may not be aware of any changes that may have taken place due to insufficient documentation.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involve children or vulnerable adults.

We observed there were enough staff to support people. People's needs were met in a timely way and

without being rushed. Staff were able to accompany people for planned events. Relatives we spoke with told us they were happy with the care and support provided by the service.

Comments from a member of staff were, "I love 215; I love the guys and get good feedback from the people who live here. However, with all the changes about to take place I have decided to leave".

Medicines were managed safely. We looked at people's medicine charts and found them to be accurate and contained all the relevant information required. For example, where people had 'as required' medicine this was clearly identified.

The premises were clean and appropriate for the people who lived there, each person's bedroom was personalised with personal belongings

Is the service effective?

Our findings

It was not clear if people were being supported by staff who had the opportunity to maintain their skills and knowledge. For example, we were unable to view training records for staff to confirm staff received training on a range of subjects. However, staff told us their training was up to date and was on-going. We asked to see training staff had completed on each day of our inspection. However this could not be located on the days of our visits, the interim manager confirmed this will be emailed to us following the inspection. To date we have not received this information despite requesting this on two separate occasions.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed views from staff in relation to their induction. New staff were supported to complete an induction programme before working on their own. They told us, "We receive an induction that involves shadowing other staff on shift until assessed as competent and safe to work alone".

However one member of staff told us "Some new staff are 'thrown in' after only two days". They also confirmed their training needed updating.

People were not always supported by staff with the right skills and knowledge to meet their needs. For example, we were aware that two new members of staff had not fully completed their induction procedures. The induction documents had not been signed off by a senior member of staff to confirm staff had the competency to support people alone. We spoke with the interim manager and they said the new members of staff were competent and able to work alone. The members of staff confirmed they had completed their induction. However, the induction documentation had not been signed off to provide evidence this was the case.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any concerns they had. We saw evidence of supervision records to confirm this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the service had made an appropriate referral to the local authority. There was one person subject to a DoLS authorisation living at

the service.

People or their legal representatives were not always involved in care planning and their consent was not always sought to confirm they agreed with the care and support provided. The role of staff supporting people with learning difficulties to reach an appropriate balance between supporting choice, independence and appropriate risk taking had not always been explored. We were aware that people who required specific support to ensure they remained healthy had not had a capacity assessment to confirm their understanding of the implications of not following advice from healthcare professionals. For example, a person who required a weight management plan in order for them to undergo surgery.

The service had not carried out a capacity assessment to assess the persons understanding of not following the advice from the hospital. This meant the person was potentially putting their health at risk without being aware of or understanding the implications. Without determining if the person had capacity to make the specific decision the service was not able to act in accordance with the MCA.

We spoke with the operations manager who visited the service on the second day of our inspection regarding obtaining consent from people. They told us this was a priority and they are planning to ensure consent is obtained from people or their legal representatives.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. This was demonstrated when we observed a member of staff preparing to accompany a person to an appointment to visit the optician.

People told us they liked the food and were able to make choices about what they had to eat. We saw a menu planner in the kitchen area with people's food preferences documented. People were able to prepare their meals together with the staff that supported them.

Is the service caring?

Our findings

We received mixed feedback from relatives about the caring nature of staff. Comments included "They know [person's name] and how to deal with their specific needs". Whilst another comment was, "It all depends who is on duty" and "Things are being missed".

People's dignity was respected by staff. We observed staff knocked on people's doors before entering. People appeared happy and contented. One person told us that they were going on holiday and they were 'counting the days' until they go. People's bedrooms were personalised and decorated to their taste.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times.

Staff knew people's individual communication skills, abilities and preferences. This was demonstrated when a person returned from a week end away with their parents. Staff told us the person does not communicate for several hours following the visit. We spoke with the parents who said they were happy with the care provided at the service. However, they commented it was always difficult when they left their family member and said goodbye.

People's care was not rushed enabling staff to spend quality time with them. We saw staff sitting with people chatting and listening to music. One person was deciding on the colour they were going to paint their nails. A member of staff showed patience and interest in helping them choose the colour.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. Staff were knowledgeable about things people found difficult and how changes to daily routines affected them. For example, when we first arrived on day one of our inspection one person was anxious and appeared worried by our presence. However, staff explained why we were visiting and the person was encouraged to show us around the home. They accepted this request, and following the tour of the home they showed great interest in who we were and how long we were going to be visiting their home.

Staff involved people in making decisions. For example going out into the community and what meals they wanted. Family meetings were held to involve people in the way the service was run.

The service promoted people's independence. For example some people shopped for their food and cooked their own meals with minimal support from staff.

The home was bright and the décor was planned in conjunction with the people who lived there. There was a large lounge area for people to relax or listen to music. In addition a large garden for people to enjoy.

Is the service responsive?

Our findings

People or their relatives were not always involved in developing their care, support and treatment plans. Staff told us reviews took place however; we could not see documented evidence of this. Furthermore, when we spoke to some relatives they were not sure if they had ever had a review of health care needs. Where health care professionals were involved, advice given was not reflected in people's care plans.

We observed there were systems for staff to communicate information about people's needs. Which were daily notes and handover between shifts, however daily notes were not always maintained to log significant events or issues that staff needed to be aware of. We looked at people's daily notes and found inconsistencies and some pages were left blank. We spoke with the interim manager and they confirmed they have identified this inconsistency and have organised staff to attend documentation and writing skills training.

Care plans were not always focussed upon the person's whole life, some care plans contained the person's life history whilst others we looked at did not have this information. People had health passports. A health passport holds information about a person's health needs, the professionals who support those needs and various appointments. It also contains information for example on how best to communicate with the person, how they show pain and how to give medicine. However; one we looked at was empty. We brought this to the attention of the interim manager they confirmed they will address this.

People told us they had a key worker. The role of the key worker was clearly defined in the organisations key worker guidelines. A key worker is a named member of staff responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. This was observed when we saw a member of staff accompanying a person to buy some items from a local shop. This was not a planned shopping trip (the member of staff told us) but something the person requested at that time.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. People were supported to follow their interests and take part in social activities, education and work opportunities. On the day of our visit we were aware that most of the people living in the home had planned activities for that day, for example, some people were attending college.

Staff knew about raising concerns and were confident to do this if necessary. They had access to policies and procedures for guidance. For example, on safeguarding and whistleblowing. Staff told us they had confidence the interim manager would listen to their concerns and would be received openly and dealt with appropriately. People benefited from staff that understood and were confident about using the whistleblowing procedure.

An easy read and pictorial complaints procedure was given to people at the beginning of their stay at White Leaf Support. There were arrangements to make sure that information and concerns received about the quality of care were investigated and recorded. However, from the last complaint received we could not see that the complaint had been resolved. We have requested further information from the service in relation to the complaint and if it had been resolved.

Is the service well-led?

Our findings

Staff told us "We have had four different people managing the service since the registered manager left". This had caused uncertainty and concerns from staff. Some staff had already decided to leave whilst others said "We will see how it goes". The person who had been contracted until such time as a registered manager had been recruited had put in place updated risk assessments and a specific daily recording log to ensure essential communication between staff. They told us they had recognised the challenges of the service. The service was in the process of appointing a manager who had previously worked at the premises.

Staff told us the interim manager was open and supportive. Comments included, "I wish they would stay, I will be sorry when they go". Other staff told us they felt happy coming to work. Another member of staff told us "With all the changes I have decided to leave".

The service had a statement about the vision and values it promoted. It included values such as dignity, kindness, compassion and respect. We saw staff upheld these values in how they supported people at the service. People and staff were complimentary about the interim manager. They told us "I don't want them to go I can talk to them about anything".

People were not protected from the risks of poor record keeping. Daily records were not robust to ensure staff had relevant information about people's daily care and support needs. For example, the care plan for one person did not contain vital information to ensure staff monitored their safety while in the bath. This meant should the person be supported by new or agency staff there was a risk that they would not be supported safely.

The provider did not have effective systems in place to monitor the quality of care and support that people received. Internal audits had not identified shortfalls in relation to people's care records. For example, there were no records to show that one person was getting a specialist diet as advised by a dietician; there were no records to evidence that the service was monitoring their weight. The internal audits had not identified that this information was missing.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Providers and managers are required to notify us of certain incidents which have occurred during, or as a result of the provision of care and support to people. The interim manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Staff knew about raising concerns and were confident to do this if necessary. They had access to policies and procedures for guidance. For example, on safeguarding and whistleblowing.

Staff told us they had confidence the interim manager would listen to their concerns and would be received openly and dealt with appropriately. People benefited from staff that understood and were confident about using the whistleblowing procedure.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent of the relevant person was not obtained prior to proposed care and treatment. Discussions about consent was not held in a way that met people's communication needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not maintained accurately in relation to service users and staff employed within the service.