

# Living Ambitions Limited

# Whitwood Grange

## Inspection report

Smawthorne Lane,  
Castleford, WF10 4ES  
Tel: 01977 667725

Date of inspection visit: 23 and 25 September 2015  
Date of publication: 17/12/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



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 of Whitwood Grange took place on 22 and 25 September 2015 and was unannounced.

We previously inspected the service on 8 and 13 April 2015 and at that time we found the provider was not meeting the regulations relating to person centred care, safe care and treatment, good governance and supporting staff. We asked the registered provider to make improvements. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made. We found improvements had been made in person centred care, safe care and treatment around medicines and

supporting staff. Improvements were underway with good governance; however the problems we found at the last inspection with managing risk had not been fully addressed.

Whitwood Grange is registered to provide accommodation and personal care for up to 17 people with a learning disability. They provide a service to people with complex needs and behaviours that challenge. The service is divided into three units.

The Registered Manager of Whitwood Grange had left the service in August 2015 and submitted their application to deregister as manager. There was a manager in post, however they were not registered with CQC at this location at the time of inspection. They had submitted

# Summary of findings

their application to be a registered manager and were awaiting the outcome of this. 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.

People we spoke with told us they felt safe at Whitwood Grange. We found there was a lack of consistency in how risk was managed which meant the provider was not always doing what was reasonably practicable to reduce risks to people. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not always enough suitably trained staff to meet the assessed needs of people who used the service. For example one person was unable to access the community in line with their care plan on a number of occasions. This was a breach of Regulation 18 of the health and Social Care Act (2014)

Staff had a good understanding about safeguarding adults from abuse and who to contact if they suspected any abuse and medicines were managed safely for people.

The provider had effective recruitment and selection procedures in place. Staff had received an induction, supervision, appraisal and specialist training to enable them to provide support to the people who lived at Whitwood Grange. This ensured they had the knowledge and skills to support the people who lived there.

People's capacity was considered when decisions needed to be made and advocacy support provided when necessary to support and enable people to air their views. This helped ensure people's rights were protected when decisions needed to be made

People enjoyed the food and had plenty to eat and drink and meals were individually planned. A range of healthcare professionals were involved in people's care.

Throughout our inspection we observed staff interacting with people in a caring, friendly, professional manner. Staff were able to clearly describe the steps they would take to ensure the privacy and dignity of the people they cared for and supported. People were supported to be as independent as possible throughout their daily lives.

People and their representatives were involved in care planning and reviews.

Individual needs were assessed and met through the development of personalised care plans. People's care plans detailed the care and support they required and included information about people's likes and dislikes

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

People told us they knew how to complain and told us staff were always approachable. Comments and complaints people made were responded to appropriately.

The culture of the organisation was open and transparent. The manager was visible in the service and the deputy managers knew the needs of the people in the home. The new manager had made improvements to support and retain staff, however some staff worked long hours and were unclear about rest breaks.

The registered provider had an overview of the service. They audited and monitored the service to ensure the needs of the people were met however this system had not picked up and addressed the problems we found with managing risk and staffing.

You can see the action we have told the provider to take at the end of this 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 not always safe

There was a lack of consistency in how risk was managed which meant people were not always protected.

There were not always enough suitably trained staff to meet people's needs

Staff had a good understanding of safeguarding people from abuse.

Medicines were managed safely

Requires improvement



### Is the service effective?

The service was effective

Staff had received supervision and training to enable them to provide support to the people who lived at Whitwood Grange.

People's consent to care and treatment was always sought in line with legislation and guidance.

People were supported to eat and drink enough and maintain a balanced diet and had access to external health professionals as the need arose

Good



### Is the service caring?

The service was caring

People who used the service told us the staff who supported them were caring.

People were supported in a way that protected their privacy and dignity and to be as independent as possible in their daily lives

Good



### Is the service responsive?

The service was responsive

Care was planned to meet people's individual needs and preferences.

People and their representatives were involved in the development and the review of their support plans where possible

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

Good



### Is the service well-led?

The service was not always well led

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

Some staff worked long hours and were unclear about rest breaks

Requires improvement



# Summary of findings

<p>The service's quality assurance systems had not identified the problems we found</p>	
---	--

# Whitwood Grange

## 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 22 and 25 September 2015 and was unannounced. Two adult social care inspectors visited on the first day of the inspection and three adult social care inspectors visited on the second day.

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. Before this visit we had received information of concern about staffing levels at the home

We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

At the time of this inspection there were 17 people living at Whitwood Grange. Some of the people who use the service 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 spoke with four people who used the service, six members of staff, two deputy managers, the manager and two community professionals. We looked in the bedrooms of four people who used the service.

We observed how care and support was provided to people. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records, policies and procedures, and quality audits. We looked at five people's care records. After the inspection we received feedback from two relatives and an advocate.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe. One person who used the service said, “I like it here.” One person’s relative said, “I think (x)’s pretty safe. (x) doesn’t want to come home.”

At our last inspection in April 2015 we found Regulation 12 of the Health and Social Care Act (2014) was not being met because the provider had not done all that was reasonably practical to reduce risks to people. At this inspection we looked at how risk was managed for people who used the service and found there was some inconsistency in how this was done. We looked at care records and found that one person’s risk assessment was out of date and the action taken to reduce the risk of harm was no longer being implemented. There was no related support plan in the file. We asked a member of the management team about this and they told us that the person tasked with updating the risk assessment and writing the new support plan, following a review in May 2015, had left the organisation. One community professional said, “They are so busy and invested in making sure that what is done with the client is right. Staff will know about changes, but it won’t always be updated.” We found that staff were aware of the change in the person’s support needs, but this was not accurately recorded in the person’s care file, which could cause confusion to new staff members. This meant staff did not have accurate and up to date information about how to reduce risks to the person.

When the person’s review from May 2015 was printed off the computer an entry under the heading, “What is not working?” said, “Unstructured time in the house.” The deputy manager told us the person was displaying more frequent self-injurious behaviour at the time of the review. The person had a number of allocated one to one support hours, which were all being used on community outings. It was agreed at their review that an Ipad might benefit the person in order to structure time in the house; however this had not yet been set up due to technical issues. The issue of ‘unstructured time in the house not working’ had not been addressed by the service and no up to date risk assessment or support plan were in place. Daily records evidenced that self-injurious behaviour continued to occur.

This meant the provider was not doing what was reasonably practicable to reduce risks to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some systems were in place to manage and reduce risks to people. We saw in the care files of people who used the service comprehensive risk assessments were in place to mitigate risk when accessing the kitchen, behaviour that challenged, support required to maintain a safe environment, physical health, finances, decision making and accessing the community. We saw that most of 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. One member of staff told us, “There is always risk. Everything is managed well here.” Another said, “Things get managed before they get to escalation.”

We saw in staff files it was a requirement for staff to carry a personal alarm and the staff we spoke with showed us these. We saw on the staff sign in sheet on the day of our inspection that all members of staff who were staying in the building had signed to say they had an alarm. One member of staff told us that sometimes there are no alarms available for staff. We asked for specific dates. When we checked the alarm sign out sheets the member of staff had signed for a personal alarm on the dates in question.

Before this inspection we had received some information of concern about staffing shortages. The provider told us there had been a shortfall of staff in August 2015 and they had taken action to address this. Six new staff members were currently on induction training and 13 staff members were awaiting DBS checks in order to commence employment in November 2015. Agency staff were now being used and they were planned on to the rota and not used to cover for sickness. In the event of staff absence a system of reserve staff was in place, so that experienced members of staff could be called in to support service users and the two deputy managers could provide direct support to people who used the service for 30 hours each if required. This showed the service had contingency plans in place to enable it to respond to unexpected changes in staff availability and meant the service to people using it could always be maintained.

On the first day of our visit there were 24 staff who had signed on duty for 17 people who used the service. There

## Is the service safe?

was no domestic or cook as support workers completed all domestic and cleaning duties. A maintenance person was employed for 40 hours a week and a painter for 40 hours a week. We saw from the rotas and sign in sheets that there were 5 waking night staff and one sleep in staff member across the service. On the second day of our inspection there were 22 staff signed in and one due to come and shadow other staff.

We saw there were not always enough suitably trained staff on duty to meet people's individual needs and keep them safe. The manager told us that each person who used the service was allocated staffing according to their assessed needs and we saw that this was reflected in care records and tallied with the number of staff on the duty rota. However, we saw on one person's support plan it was recorded they had not been supported to attend activities in the community as they would normally like to do. This was recorded as being 'due to staffing issues' and the manager explained this was that staff were unable to implement a risk assessment to meet the person's needs with sufficient trained staff. Staff training to meet the need was planned onto the rota in the coming weeks for a further ten staff members who would then have the skills to safely support the person in the community. We noted the person had not had their support plan needs met for 12 occasions on dates in September 2015. On one occasion we saw the record showed 'not enough staff to follow the risk assessment of 2:1'. This evidenced a breach of regulation 18 of the Health and Social Care Act (2014)

Staff told us and we saw from the rotas that staff shifts were sometimes long and we discussed with the manager whether this was safe practice for staff to work whilst they were likely to be very tired. For example, we saw some staff worked 14 hour shifts and their total working week was in excess of 70 hours. The manager explained staff working long hours provided continuity of care for people, although agreed to consider the effectiveness and safety of this shift pattern. Two of the staff members we spoke with were happy to work 14 hour shifts and felt that this was appropriate to meet the needs of the people who used the service. One said, "Predictability, routine and structure is important. It reduces anxiety and benefits the service users." Some staff also requested extra shifts

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. This showed that staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service. We saw that safeguarding incidents had been dealt with appropriately when they arose and safeguarding authorities and CQC had always been notified in line with policy and guidance. This showed the managers were aware of their responsibilities in relation to safeguarding the people they cared for.

Staff told us they recorded and reported all accidents 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 and an incident report had been completed for each one. Accidents and incidents were recorded in detail and we saw staff were aware of any escalating concerns and took appropriate action. We spoke with one staff member who said they were reviewing one person's information to try to identify any patterns or trends. One member of staff said, "After incidents and behaviours we have debriefs and reflect on the day and what we could improve on." 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 in the home

We saw from staff files that recruitment was robust and all vetting had been carried out prior to staff working with people. This showed staff had been properly checked to make sure they were suitable and safe to work with people.

At our last inspection in April 2015 we found Regulation 12 of the Health and Social Care Act (2014) was not being met because medicines were not always administered in a safe way for people. At this inspection we found improvements had been made and appropriate arrangements were in place for the management of medicines. We looked at the system for supporting people with medication on the Walton Unit. We saw the treatment room was well organised and medication was clearly labelled and stored securely. We noted the medication refrigerator had a seal that was showing signs of wear and tear and the manager told us there were plans in hand to replace this. Fridge temperatures were recorded as well as room temperatures to ensure safe storage of medication. The senior member

## Is the service safe?

of staff we spoke with told us there were strict protocols in place for the security of the medication keys and only senior staff, trained in giving medication, were able to do so. Two people we spoke with told us they had their medication when they needed it and one person said staff supported them to take their medication independently.

We saw the system for recording medication was clear and the samples we looked at showed up to date recording. For each person there was a patient information chart with their photograph and pictures of the medication they were prescribed. There were clear guidelines for medication that was prescribed for people who presented with behaviour that challenged others. These stated this was only to be given as a last resort after de-escalation techniques for managing behaviour had been tried without success. This meant people were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines.

The staff member we spoke with was knowledgeable about how to assess a person for pain and when pain relief was necessary. We saw laminated pain guidelines individual to each person on their support plans and individual

guidelines for when PRN (as required) medication should be given to people. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner.

We saw one person who used the service in Hugh House being supported with medicines in private in the medicine room. All medicines were securely locked in a cupboard. Each person had a basket with boxes of medication in. Two staff members checked that they were giving the right medication to the right person at the right time and in the right way. The member of staff we spoke with was knowledgeable about the medicines given and was able to tell us what was being given and why. They also said they had regular medicine management training every six months, initially face to face, followed by three occasions of being observed with no mistakes before being able to give medicines. The senior staff we spoke with told us they had their competency in giving medicines checked regularly by senior staff and they had regular training to update their skills and knowledge. This meant people received their medicines from people who had the appropriate knowledge and skills.



# Is the service effective?

## Our findings

At our last inspection in April 2015 we found Regulation 18 of the Health and Social care Act (2014) was not being met because staff did not receive appropriate support, training and appraisal to enable them to carry out the duties they were employed to perform. At this inspection we found improvements had been made.

Staff were provided with induction training and support to ensure they were able to meet people's needs effectively. The manager told us new staff completed six days of training and three days of shadowing during their induction and were supported to complete the care certificate within the first 13 weeks in post. Periods of shadowing focussed on getting to know the individual service users. One member of staff we spoke with told us, "Newer staff are coming through with more training and shadowing." This demonstrated that new employees were supported in their role.

We saw evidence in staff files and training records that staff regularly undertook training to enhance their role and to maintain their knowledge and skills relevant to the people they supported. Staff told us where they needed specialist training this was provided, for example ligature cutting training and challenging behaviour. We saw from the training matrix that training was up to date and further training was planned onto the rota. The manager showed us how they had been supported to keep their registration and professional development up to date by the registered provider.

Staff we spoke with told us they felt appropriately supported by managers and they said they had regular supervision and staff meetings. One staff member said, "I feel supported by the manager. I feel a lot calmer than I used to. I've seen an improvement in getting support." Another said, "I can always talk to a senior. I feel supported by the managers." We saw from the supervision matrix that supervision was held on a regular basis with staff. This showed that staff were receiving regular management supervision to monitor their performance and development needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty

Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We were told that 15 out of 17 people who used the service had a DoLS in place or were awaiting authorisation. Documentation was in place for people who had a Deprivation of Liberty Safeguard (DoLS) and staff we spoke with had an understanding of people's needs in relation to the Mental Capacity Act 2005 (MCA). For example, one member of staff told us a best interest meeting had been arranged because a person's capacity had been assessed and they lacked the capacity to decide whether to move to a different house. We found staff had a good understanding of the principles to follow to ensure decisions made were in people's best interests. We saw from people's support plans that their mental capacity had been assessed and where appropriate, best interest meetings had been held. For example a person whose support plan involved restricting access to the community contained a mental capacity assessment and recent multi-disciplinary best interest meeting in their care file, as well as DoLS authorisation paperwork. This meant that the rights of people who used the service who may lack the capacity to make certain decisions were protected in line with the Mental Capacity Act (2005) and guidance.

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. All incidents were clearly documented. Information recorded included the contributing factors to behaviours, staff's interpretation of triggers to the behaviour and method of restraint, 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 made choices in what they wanted to eat and meals were individually planned. One person we spoke with told us they were having a sandwich for lunch and they wanted this in their room, which staff facilitated. People were

## Is the service effective?

encouraged to drink and we saw they had choices of what they might like.. We saw people were involved in the preparation of meals and staff supported them as appropriate.

We saw in the care file of one person who used the service that a nutritional action plan had been agreed to support the person to increase their weight and that this was being implemented. We saw that the service had investigated the person's dietary needs by checking the person's medical history to ensure they were taking appropriate action in consultation with the dietician. One member of staff told us, "We have to keep an eye on (person's) weight, so they have regular snacks. The care plan has pictures of breakfast option ideas to encourage staff to support them to eat more." We saw the person had a daily food diary which was signed by staff and their weight was being recorded and reviewed regularly. This showed the service ensured people's nutritional needs were monitored and managed

Staff told us systems were in place to make sure people's healthcare needs were met. They said people attended healthcare appointments and we saw from people's care records that a range of health professionals were involved. We saw that the medication used by one person who used the service had been reviewed by the GP and where the reason and efficacy of the medication was unclear they were being gradually reduced with a view to being removed. On the first day of our inspection we saw that a speech and language therapist who had been contracted by the service was assessing the communication support needs of a person who used the service and had planned

training with staff around the specific communication support needs of three other people who used the service. People had accessed services in cases of emergency or when their needs had changed. This had included GP's, hospital consultants, community mental health nurses, speech and language therapists and dentists. This showed people who used the service received additional support when required for meeting their care and treatment needs

We saw the communal areas of the unit were sparsely decorated which did not promote a homely feel for people. The managers discussed ideas they were considering to improve the feel of the home for example: stencils on the wall. We saw evidence through photographs and what people told us they had helped to choose colour schemes for the walls, although we found the environment was not always visually welcoming. In contrast, people's individual rooms were personalised to their taste. One person proudly told us they had chosen their favourite colour scheme and they had their special items displayed around their room. 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. Another person said they had been involved in deciding the decoration of their room and they felt their choices were respected.

We saw premises and equipment were specialised to adapt to people's needs. For example, one person's television was securely mounted and there were no visible wires which may have presented a hazard. Dining furniture was weighted so as not to be moveable easily.

# Is the service caring?

## Our findings

People told us they liked the staff and we saw there were relationships between staff and the people who lived in the home. One family member said, “They are very good with (x).” Another family member said, “They are great workers. (X) has come on due to the dedication and hard work of the staff. They are very caring.” An advocate said, “Staff interacted very well with the person when I visited. It was a relaxed atmosphere.” One community professional told us, “Staff are very caring.” Another said, “Staff are very creative engaging with (X) and (X) now has a strong bond with the staff.”

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. A staff member said, “People here care about the service users.” Another said the best thing about working at the home was, “the service users. You get to know them really well. I do really enjoy it.”

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. People’s independence in their daily lives was promoted and staff offered support where appropriate. For example, we saw one person being supported with brushing their hair. People were encouraged to do things for themselves in their daily life and staff supported them where routines were important features of their day. This showed that people living at the home were encouraged to maintain their independence.

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. For example, we saw staff noticed people’s facial expressions and when one person looked unhappy, staff asked why. We saw there were occasions where staff engaged in appropriate friendly banter with people and used comical facial expressions and gestures. One member of staff said, “In this house you can tell when service users aren’t happy by their facial expressions.”

Staff were aware of people’s care needs and there was evidence people had been involved in discussions about their care and support. We saw staff gave good explanations to people to help them understand how they were being supported. For example, staff explained to one person they would help them with obtaining their bus pass so they could go out and about.

People were supported to make choices and decisions about their daily lives. We saw staff using Makaton and photo cards with people who used the service to enable people to make choices

Staff were respectful of people’s privacy; they knocked on people’s doors and asked permission to enter. One person said they liked being supported with their medication in private and staff helped this. Staff were able to describe how they respected people’s private time, whilst maintaining safety.

# Is the service responsive?

## Our findings

One person who used the service said, “I’m going out to the library. I’m interested in computers.” An advocate said, “The support was very person centred.” A relative said, “They are usually quite good with (x) if (x) wants to do things. Depends what staff (x) has. When (x) has their one to one (x) can do what (x) wants.”

We saw staff were led in their work by what people wanted to do. One person engaged a member of staff in board games and we saw staff took time to support people at their own pace. 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. One person who used the service returned from a trip to the shop with ingredients to make buns. One community professional told us, “The service users get to do a huge variety of things, from little shops to horse riding.” Another told us, “This has been the best place for (X). (X) previously displayed extreme challenging behaviour. (X) turned a corner around six months ago and there has been no more environmental damage. (X) is doing more positive things now. Working on a farm and starting a computer course.”

Staff we spoke with knew what mattered to people and spoke about people’s abilities and talents. For example, staff told us about one person who was a talented DJ and the person told us about their keen interest in music and how their interests were supported. Staff told us they supported people with important issues, such as phoning family and friends. One family member said, “(X) rings me whenever (X) wants.” This meant staff supported people with their social needs.

Support plans for people were person-centred and detailed for staff to be able to provide individual care and understand people’s risks, needs and preferences. For example we saw in one person’s care file there was a, “decision making profile”, which told staff that it was not a good time to ask the person to make decisions, “When I’ve got my hood over my eyes.” Another section was entitled, “What kind of person I want to support me.” and another, “How I communicate with you.” The person’s interests were noted as, “swimming, cooking, going on the swing.” 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. It was evident

through discussions with staff that they spent time trying to understand each person and how best to meet their needs. Where people required one to one staff support this was provided in an enabling way so that people’s independence and choices were promoted.

We observed staff supporting people in a positive and skilled way. Some people living at the home had Autistic Spectrum Disorders (ASD). We saw staff interacting with people with ASD in a structured and person centred way. One member of staff said, “The best thing about working here is that this house is autism specific. The routine revolves around the person.” Another said, “The support to people here is all about de-escalation and is individualised.”

One person who used the service had recently moved in to the home. The staff we spoke with had an in-depth understanding of the person’s needs and possible triggers to behaviour that could challenge. They used picture cards to support the person to make choices. We saw that the service was supporting the person to go out into the community and staff spent time supporting the person to manage their anxiety around getting into the car to access the community for an activity they enjoyed. Staff told us they had tried to replicate the person’s room at their previous home in order to aid the transition.

At our inspection in April 2015 there was a breach of regulation 9 of the Health and Social Care Act (2014) because the registered person did not carry out, collaboratively, an assessment of the needs and preferences of people who used the service. At this inspection we found improvements had been made. 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. One person who used the service said, “I’ve had a week in Blackpool on my own with staff. It was going to be Monday to Friday, but I wanted Monday to Monday so we changed it.” A relative said, “I am always invited to reviews. I always want to be included.” The manager told us that six weekly reviews were scheduled in for each person and care plans were then updated and fed back to staff. We saw that care plan reviews were planned in for one of the houses on the first day of our inspection and these had been completed

## Is the service responsive?

on the second day of our inspection. These reviews helped in monitoring 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.

We saw that the format of reviews considered the person's capacity. If people didn't have capacity to be fully involved in reviewing their care plans relatives and representatives were invited to ensure the person's views were represented. This meant that the choices of people who used the service were respected.

Through speaking with staff and people who used the service we felt confident that people's views were taken into account. One person we spoke with told us if they felt

unhappy they would speak with staff and they knew how to complain. We saw there was an easy read complaints procedure on display for people to see. One person's relative told us, "I have had a few concerns and they have addressed them. They always follow it up." Staff we spoke with said if a person wished to make a complaint they would facilitate this. Meetings were held for people to attend and give their views on how the home was run and they commented on aspects of care such as food choices, with action plans devised following the meetings. 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.

# Is the service well-led?

## Our findings

The manager of the service was the registered manager of another location run by the same provider and had been in post as manager of Whitwood Grange for around four weeks on a full time basis after the Registered Manager of the service left in August 2015. The new manager had applied to become Registered Manager of Whitwood Grange at the time of our inspection. Two deputy managers worked 40 hours a week and the operations manager visited the home on a weekly basis, usually spending around two days a week on site.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. We saw managers offered confident direction and leadership within the home which enabled staff to understand their roles and responsibilities and there were clear lines of accountability in place. One senior staff member said the new manager had, “added clarity.” Another said, “This different perspective has calmed people. We’ve got a bit of direction. We know where we need to improve.”

Staff we spoke with told us they had increasing confidence the new manager was competent in running the home. Staff reported recent positive changes, such as improvements in induction and training opportunities, along with staff morale. One member of staff said, “In the last three or four weeks it has turned a corner. The manager is out on the floor. She is concerned about the welfare of service users and the welfare of staff. She listens and gets stuff done.” One member of staff said that the service was still short of staff around once a week. They said, “(manager) is trying to improve things. She is very good at getting people on training.”

The manager said that they operated an ‘open door policy’ and staff were able to speak to her about any problem any time. Staff we spoke with confirmed this. One said, “Yes, I feel supported. I can knock on (manager’s) door and she is more than willing to support.” One staff member said, “I have always felt supported.” One contracted visiting health professional said, “This is one of the best places I come to work. There is a “can do” attitude.”

Where staff meetings were held to impart information to teams, praise was given and recorded as well as areas to improve. 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 and treatment for people living at the home. The agenda for the next staff meeting was on the staff notice board and people were invited to add issues. This meant the manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people living within the home.

Policies and procedures had recently been updated and the manager told us they were in the process of ensuring all staff were aware of these and was planning to replace the out of date documents available in the reception area.

At the last inspection in April 2015 we found a breach of regulation 17 because the registered person did not have systems that were effective to assess, monitor and improve the quality and safety of services. At this inspection we found improvements had been made.

One staff member said, “I do believe we give the best care possible and the managers support us.” The manager told us systems for assessing the quality of the provision were being improved.

There were some gaps in the auditing systems for August 2015 due to the changes in management, although these were re-established in September 2015. We saw documents 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 care plans showed where actions needed to be taken and where plans needed to be updated. One of the deputy managers showed us some handwritten notes that were work in progress being used to update a person’s support plan. Staff were required to read six risk assessments a month starting 1 October and this would be monitored in supervision. One of the management team showed us that they had audited a sample of daily diary entries for relevance and signatures and followed up any issues with staff. This showed staff compliance with the service’s procedures was being monitored.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Quality surveys were carried out prior to the previous manager leaving, although the results were not fully analysed. Most comments were positive and the deputy manager said they had made contact with families where comments were not positive to discuss the



## Is the service well-led?

quality of their family member's care. One of the management team now rang family members on a weekly basis to update them and discuss any issues relating to their relative's care and support.

Staff surveys revealed some staff felt their shifts were too long; the manager said there were plans to carry out further staff surveys in the near future. We saw staff were not always clear about when they could take a break when they were supporting people. The manager agreed to review this so that staff were clear and supported appropriately. The manager felt the service was acting in accordance with government guidelines on working time and breaks.

The manager told us about measures they had put in place to reduce sickness absence which were starting to prove effective. Service users were in the process of completing surveys with support as necessary. These were yet to be fully analysed, but most comments were positive. One survey was negative and this was said to be related to the care and support needs of the person and the risks they presented to others.

We saw that the operations manager met with the new manager in September 2015 to discuss issues relating to people who use the service and quality assurance. The manager said, "I've gone through the action plan following the last CQC inspection with the operations manager. I've been focusing on stabilising the service, getting to know the staff and putting structure in place." We saw issues which needed to be addressed had been noted and action taken to address the issues by the relevant manager. For example the medication policy was noted as now being on site for staff to reference. Senior staff members' medication training was noted as being up to date. A system of spot checks was planned after audits had been completed. This demonstrated the senior management of the organisation were reviewing information to improve quality in the organisation. However, the service's quality assurance systems had not identified and addressed the deficiencies we found in managing risk and ensuring sufficient trained staff were deployed to meet people's needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and support was not provided in a safe way for service users because the provider did not do all that was reasonably practicable to mitigate risks

Regulation 12 (2) (b)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed to meet the needs of people who use the service

Regulation 18 (1)