

Chitimali Locum Medical Limited

Whitworth Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 9 June 2015 and was unannounced. There had been a change of ownership since our last inspection and the new provider registered with us in October 2014.

Whitworth Lodge provides care and accommodation for up to six people who have learning disabilities. The service also supports people who have behaviours that may challenge the care services that they require. There were five people using the service at the time of our inspection.

There was a registered manager in post who had worked in the home for over five years. 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 and their relatives told us they felt safe at Whitworth Lodge. Staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. They received appropriate safeguarding training and there were policies and procedures to support them in their role.

Summary of findings

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005. This is legislation that protects people who are not able to consent to care and support, and ensures people are not unlawfully restricted of their freedom or liberty. The manager and staff understood the requirements and took appropriate action where a person may be deprived of their liberty.

People's needs were regularly assessed, monitored and reviewed to make sure the care was current and relevant. The care records were person centred and descriptive, ensuring staff had specific information about how they should support people. Care records included guidance for staff to safely support people by reducing risks to their health and welfare.

People were supported to keep healthy. Any changes to their health or wellbeing were acted upon and referrals were made to social and health care professionals to help keep people safe and well. Accidents and incidents were responded to quickly. Medicines were managed safely and people had their medicines at the times they needed them.

Staff recruitment practices helped ensure that people were protected from unsafe care. There were enough qualified and skilled staff at the service and staff received ongoing training and management support. Staff had a range of training specific to the needs of people they supported. This included managing behaviour that might challenge the services people require.

People were offered choices, supported to feel involved and staff knew how to communicate effectively with each individual according to their needs. People were relaxed and comfortable in the company of staff.

Staff were patient, attentive and caring in their approach; they took time to listen and to respond in a way that the person they engaged with understood. They respected people's privacy and upheld their dignity when providing care and support.

People were provided with a range of activities in and outside the service which met their individual needs and interests. Individuals were also supported to maintain relationships with their relatives and friends.

There was an open and inclusive atmosphere in the service and the manager showed effective leadership. People, their relatives and staff were provided with opportunities to make their wishes known and to have their voice heard. Staff spoke positively about how the registered manager worked with them and encouraged team working.

The provider completed a range of audits in order to monitor and improve service delivery. Where improvements were needed or lessons learnt, action was taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People were safe. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Care and support was planned and delivered in a way that reduced risks to people's safety and welfare. Staff knew how to minimise risks whilst supporting people to live their life as independently as possible.

Staff were recruited safely because the appropriate checks were undertaken. There were enough staff to provide the support people needed.

The environment was regularly checked to ensure the safety of the people who lived and worked there.

People's medicines were managed safely and they received them as prescribed.

Good



Is the service effective?

The service was effective. Staff had the skills and expertise to support people because they received on-going training and effective management supervision.

People received the assistance they needed with eating and drinking and the support they needed to maintain good health and wellbeing. External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005. Staff obtained people's consent before they delivered care and support and knew what action to take if someone was being deprived of their liberty.

Good



Is the service caring?

The service was caring. People were comfortable and relaxed in the company of the staff supporting them.

The relationships between staff and the people they cared for were friendly and positive. Staff spoke about people in a respectful way and supported their privacy and dignity.

People were involved in making decisions about their care, treatment and support as far as possible. Staff knew people well because they understood their different needs and the ways individuals communicated.

Good



Is the service responsive?

The service was responsive. People using the service had personalised care plans and their needs were regularly reviewed to make sure they received the right care and support.

Staff responded quickly when people's needs changed, which ensured their individual needs were met. Relevant professionals were involved where needed.

People were involved in activities they liked, both in the home and in the community. They were supported to maintain relationships with their friends and relatives.

Good



Summary of findings

Is the service well-led?

The service was well-led. There was a registered manager and people spoke positively about them and how the service was run.

Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed.

People who used the service and their relatives were encouraged to express their views about the standards of care. Various quality assurance systems were used to keep checks on standards and develop the service. This enabled the provider to monitor the quality of the service closely, and make improvements when needed.

Good



Whitworth Lodge

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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. The registered manager had also completed a Provider Information Return (PIR). The 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.

This inspection took place on 9 June 2015 and was unannounced.

The inspection was carried out by one inspector. We spoke with two people using the service, the registered manager, operations manager and five members of staff during the course of our visit. Not all people were able to communicate verbally with us so we spent time in communal areas observing their care and interactions with staff.

We looked at two people's care records to see how their care was assessed and planned. We reviewed how medicines were managed and the records relating to this. We checked three staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

After our inspection visit we spoke with three people's relatives to obtain their views about the care provided. They agreed for us to use their feedback and comments in our inspection report. The manager also sent us the most recent record of staff training and information about a recent quality assurance visit.

Is the service safe?

Our findings

People who were able to talk with us said they felt safe living at Whitworth Lodge. One person recognised an easy read poster about keeping safe and said they would inform the police or manager if they were concerned about abuse. Relatives had similar confidence about the safety of their family members. One commented, “[name of person] is definitely safe” and another relative said, “absolutely safe.” We spoke with three members of staff who were each able to explain the steps they would take if they suspected or saw an incident of abuse. They were able to describe the different types of abuse and knew how to report any safeguarding concerns within or outside the service. Staff knew about situations where people’s safety may be at risk and were also aware of the reporting process for any accidents or incidents that occurred.

Records held by CQC showed the service had made appropriate safeguarding referrals when this had been necessary. Prior to our inspection there had been a substantiated safeguarding incident. We found the service had co-operated with the investigation and acted on recommendations made by the local authority. For example, staff had undertaken more training and there were improved systems for recording about people’s care and support.

People were supported to take positive risks to enhance their independence, whilst staff took action to protect them from avoidable harm. Where risks were identified, there was guidance for staff on the ways to keep people safe in their home and in the local community. Staff gave examples of this such as ensuring one person had one to one support during activities in the community and supporting another person to use steps by always holding their hand. Staff had completed relevant training on how to respond to behaviours that may be challenging. They described the different ways people expressed that they were unhappy or upset and how to support them. One member of staff explained how a person’s body language and behaviour would tell them if there was something wrong. They said they encouraged the person to relax by holding their hand and reassuring them. Another staff member explained how they made sure others were safe by escorting them to another area when a person’s behaviour became unsettled. Care records supported what staff told us.

The home was safely maintained and there were records to support this. Health and safety checks were routinely carried out at the premises and systems were in place to report any issues of concern. The provider had reviewed the environment in order to make improvements. A recent example included the redecoration of two bedrooms, the lounge and dining area.

There were arrangements in place to deal with foreseeable emergencies and staff told us on call support was always available through the manager or senior staff. Staff were trained in first aid to deal with medical emergencies and appropriate arrangements were in place for fire safety. There was an up to date fire risk assessment for the home and practice evacuation drills were regularly held involving both people using the service and staff. People had specific risk plans on how staff should support them to leave the building in the event of a fire.

There were recruitment and selection procedures in place to help ensure people were safe and being cared for by suitable staff. Background checks on staff included a proof of identification, references, training certificates and qualifications, employment history and criminal records checks via the Disclosure and Barring Service. We found that the required recruitment checks had been carried out although one member of staff had only one completed reference. Records showed that the manager had requested two and following our inspection the manager confirmed she had obtained a satisfactory second written reference.

People told us they received enough staff support. On the day of our inspection we saw that staff were available for people when they were needed. Relatives had no concerns about the staffing levels at Whitworth Lodge. One relative said, “There is usually three on when I turn up, there’s always someone around.” There were three care staff on duty throughout the day with one staff available at night. In addition the registered manager worked flexibly throughout the week and was available to provide support if required. Staffing rotas confirmed that these staffing levels were maintained. Additional staff were provided for people to attend appointments and to undertake activities. One staff member told us extra staff were arranged for a recent horse riding activity. Staff said the levels were sufficient to meet people’s needs; they were not rushed and were able to spend time with people. Where individual

Is the service safe?

needs directed, staff provided one to one support for people either at home or out in the community. One person received funding for one to one support for an allocated number of hours each day.

The arrangements for the management of people's medicines were safe. There was an up to date policy and guidance about the safe handling of medicines for staff to refer to. People had written profiles about their medicines which included details about the name of the medicine, the dose and date of prescription. We discussed adding information about the reasons why people were prescribed their medicines with the manager. She agreed to update the profiles to include these. Where people needed medicines 'as required' or only at certain times there were individual guidelines about the circumstances and frequency they should be given.

Medicines were stored securely in locked cabinets and up to date records were kept for their receipt, administration

and disposal. The sample of two records we checked showed that people were receiving their medicines as prescribed. The Medicine Administration Records (MARs) were completed accurately and there were no gaps in the signatures for administration.

Records confirmed the manager and appropriate numbers of staff had received training in the safe handling of medicines. A named member of staff had responsibility for the auditing of medicines every week. These audits had been consistently completed. This helped ensure there was accountability for any errors and that records could be audited by the provider to determine whether people received their medicines as prescribed. The supplying pharmacist had not completed a full medicines audit for over a year. We spoke with the manager about this and they agreed to arrange one.

Is the service effective?

Our findings

People were supported by staff that were trained to meet their needs. Relatives were confident that staff understood their family members' needs. One relative told us about occasional disagreements between their family member and another person using the service. They said staff managed these situations well and told us, "They make sure someone is there if they clash."

Staff felt they had training they needed to care for people and meet their assessed needs. They shared examples of recent training courses including person centred care, safeguarding, the Mental Capacity Act and Deprivation of Liberty Safeguards. These courses were provided by the local authority that had been supporting the home with training over the last six months. Other courses had included continence awareness, recording skills and Data Protection. Staff told us they were encouraged to undertake qualifications to develop their skills and knowledge. For example, one member of staff was studying for a level 2 National Vocational Qualification in care. There was an up to date training and development plan for the staff team which enabled the manager to monitor training provision and identify any gaps. The plan also highlighted when staff were due to refresh their training. This helped ensure that staff kept their knowledge and skills up to date and at the required frequency.

Staff told us supervisions took place every two months and we saw records to support this. Staff felt supported and able to discuss any important issues with the manager at any time. One told us, "We discuss how I feel, where I need support and any training needs." Another staff member said, "The manager is very nice, I can tell her anything." Yearly appraisals of work performance were also held with staff and the manager to review personal development and competence.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act legislation which aims to protect people who lack mental capacity and maximise their ability to make decisions or participate in decision-making. A DoLS application is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests.

Staff had received training and understood the principle that people should be assumed to have capacity. Care records showed that people had received capacity assessments and meetings held in a person's best interests had been recorded. The registered manager had assessed where people were being deprived of their liberty and had submitted applications to the local authority. For example, it was recorded that one person was "under continuous supervision and control" as it was unsafe for them to access the community unaccompanied.

People were supported to make their own choices about what they wanted to eat and drink. Pictorial signs were available in the kitchen for people to use when deciding and communicating what they wanted to eat. People were involved in planning the weekly food shopping and then asked before each meal what they would like to eat. We observed that people had chosen different meals for their evening tea and staff had supported them with their preferences.

Care plans included information about people's food preferences, including cultural choices, any dietary needs and any risks associated with eating and drinking. Staff demonstrated they were aware of individuals' needs. For example, one person needed physical support to eat and sometimes refused their meals. Staff explained that they would offer the meal at a later time and provide an alternative if the person still refused. They told us they completed record charts to monitor the person's food intake and weight and offered fortified nutritional drinks.

People who used the service were supported to maintain good health and had access to health services for routine checks, advice and treatment. Care records showed that other professionals were consulted and involved when concerns were raised about people's health or wellbeing. For example, staff noted a change in one person's mobility and referrals had been made to relevant professionals such as physiotherapy. Records showed that staff had followed the advice and guidance provided by visiting health and social care professionals. This was also supported by feedback from relatives. One told us that they had raised some concerns in the past about their family member's weight loss and staff had taken the appropriate action in response.

Each person had a health passport. This contained information about how staff should communicate with the individual concerned along with medical and personal

Is the service effective?

details. This document could then be taken to the hospital or the GP to make sure that all professionals were aware of people's individual's needs. We saw that information had been kept up to date and reviewed appropriately when people's needs had changed.

Is the service caring?

Our findings

People who could talk with us said they liked the staff. Those people who were unable to comment were relaxed in the company of staff. We observed people smiling and relatives spoke positively about the care provided and staff being approachable and kind. Their comments included, “The care has been exemplary”, “The staff are caring, they go that extra mile and use their own initiative” and “I like the staff and [name of person using service] thinks the world of them.”

People using the service communicated their needs and wishes in different ways and our observations showed staff understood and responded accordingly. One staff member explained they showed people pictures to help them make choices and decisions about activities and meals. When speaking with people staff listened to what individuals said to them and had meaningful conversations. Where people were unable to communicate verbally, staff were aware of body language and signs individuals used to communicate their needs. Staff explained things to people in a clear way, repeating key pieces of information and checking that the person had understood. Each person also had communication guidelines that informed staff about how to understand their individual means of expression through body language or behaviour patterns. An example included, “[name of person] will nod or point towards something if in agreement. If unhappy, can say no or will repeat individual words to self in either language.”

People were encouraged to make decisions and choices to the best of their ability. Each person had a named keyworker staff and there were advocacy arrangements, as well as family input, to represent people's interests. The manager had accessed an advocate to help support a person with decision making. Relatives told us that they were consulted about their family members' care and felt fully involved.

People's care records clearly detailed their preferences and showed how they liked things done. Staff showed knowledge about the people they supported and were able to tell us about people's individual needs, preferences and

interests. Their comments corresponded with what we saw in the care plans. Information about the home had been produced in accessible formats for the people who lived there. The care plans were person centred and illustrated with photos to promote people's involvement and understanding. Visual aids such as picture cards and photographs were used to encourage and help people make choices and decisions. There were easy read posters about making complaints and reporting abuse.

People were supported to maintain relationships with their family and friends. Details of important people in each individual's life were kept in their care plan file. Staff supported people to phone and visit relatives as appropriate. One person told us they travelled independently to visit their family. Relatives confirmed they were kept up to date and they were always welcomed in the home when they visited. Relatives complimented the manager and staff for their “good communication.”

People looked well cared for and were supported to dress in their personal style. A relative praised the staff for ensuring their family member was “always dressed immaculately.” The service promoted the values and principles of self-respect for people and to support this, one staff member was assigned the role of champion in dignity in care. They wrote a newsletter every three months which included people's views about Whitworth Lodge as well as information about planned activities. The most recent one reflected people's views about the installation of CCTV in communal areas and their plans for holidays. Relatives confirmed they also received these newsletters which were useful in keeping them informed about what was happening in the service.

During our inspection, people chose where they wished to spend their time. The staff respected people's own personal space by knocking on doors and allowing individuals time alone if they requested it. People's confidential information was kept private and secure and their records were stored appropriately. Staff knew the importance of maintaining confidentiality and had received training on the principles of privacy and dignity and person centred care.

Is the service responsive?

Our findings

Relatives told us that the service was responsive to people's needs and preferences. They gave examples where staff had contacted the GP or social care professionals if they were concerned about a person's health or wellbeing. One relative described staff as, "so attentive."

Care plans were person centred and showed that the individual was central to the care and support they received. The plans considered all aspects of a person's life, including their background, strengths, hobbies, social needs, dietary preferences, health and personal care needs, communication and ability to take positive risks. They included personalised and accurate details about people's needs and preferences. One example included, "[name of person] prefers a bath to a shower" and "does not like crowded or noisy environments- staff to follow guidelines when supporting [name of person] in the community."

The service took account of people's changing needs and their care and support needs were regularly reviewed. This was achieved through monthly keyworker meetings and care reviews every year or more frequently where needs had changed. When this happened, people's records were updated appropriately. Keyworkers wrote a monthly report on whether goals and activities had been achieved and highlighted any other significant events or issues. This review process helped the registered manager and staff evaluate how people's needs were being met. Annual meetings involved the individual, relatives or advocates and other professionals involved in people's care. A local authority report for one person's review noted the improvements made around staffing and skill mix since the previous CQC inspection. Relatives told us they were always invited to meetings and kept regularly informed about their family members' wellbeing.

Staff had a good understanding of people's individual needs and how to support them. Staff told us they were expected to read people's care plans when they first started working at Whitworth Lodge. They gave examples of ways they responded to people's needs. One staff member described how they had been taught to use distraction techniques to support a person's unpredictable behaviour. Another staff member discussed the importance of using specific charts to monitor another person's mood. Staff

recorded what support people had received on a day to day basis. This included details about each person's daily experiences, activities, health and well-being and any other significant issues.

One person told us they enjoyed going out independently because "I like helping staff, I can go out and get shopping." Staff knew what activities people enjoyed and supported them with their preferred hobbies. For example, one person was supported to play snooker at a local club and another person to attend a fitness gym. One member of staff had responsibility to organise activities and told us they had recently introduced a Karaoke evening once a week which people were enjoying. Two people had also tried horse riding. A relative spoke favourably about the activities coordinator and told us, "She is very creative and thinks outside the box, always trying out new things."

Records showed the activities people had participated in which included shopping, lunches out, cinema, visits to places of interest, social clubs and art and craft activities. The manager advised they were in the process of finding suitable employment opportunities for one person. There were pictorial timetables to help people identify with what day their activities took place. At the time of our visit people were engaged in activities at home or supported by staff to attend community day services. Relatives commented that people had a good variety of activities.

People's diverse needs were understood and supported and care records included information about their needs. There were details in relation to their food preferences, interests and cultural background. All staff had undertaken training on equalities and diversity and knew how to respond to people's individual needs. Staff spoke about how they met these needs such as supporting one person to wear their national dress and making sure they were offered the cultural foods they liked. One staff member told us, "Everybody should be treated equally" another said, "People have rights and we respect their choices." There was a record of a keyworker session on cultural diversity for one person. The aim of this session was "to remind [name of person] about their traditions" and the keyworker helped the person to choose an outfit that represented their nationality. A relative told us staff supported their family member to attend church when they were unavailable.

Relatives told us they were asked for their views about what the service did well and where they could improve. The manager told us people using the service and their

Is the service responsive?

relatives were offered satisfaction surveys every year. We noted that people and relatives who took part in the latest survey were happy with the standard of care and support provided. One relative wrote, “Whenever I visit [name of person using service] is always well presented and looks cared for.”

Two people said they would speak to the manager or their keyworker if they needed to complain about anything. Relatives told us they had not needed to complain but had confidence that any issues would be addressed. One relative told us there had been some issues in the past but these were dealt with by the manager and resolved “swiftly.” The complaints procedure was displayed within

the service and available in an easy read format to help people understand the information. When speaking with staff, they showed awareness of the complaints process and said they were confident to approach the manager. Records showed there had been no complaints about the service since our last inspection.

People had monthly meetings with the staff to discuss their support and plan their weekly menu choices and activities. People were encouraged to discuss any concerns or worries through monthly meetings with their keyworker. Staff had a good awareness and understanding of how people with communication needs may indicate they were unhappy through vocalising or specific body language.

Is the service well-led?

Our findings

The registered manager encouraged open communication with people, relatives and staff. We observed people coming into the office to speak with her throughout the day. The manager was welcoming and took time to listen and advise. Relatives we spoke with felt the home was managed well. One told us, “I have a very close liaison; we [referring to the manager] have a good relationship.”

Another relative said, “The manager is very good, everything is documented.” Relatives felt there had been improvements since the change of provider. They spoke about “better communication” and “getting more feedback.” One relative told us, “The owners have put their trust in her [the manager] and allow her to run it.” They also commented, “Staff are happier, they are not so tense and have the freedom to do things with people.”

Staff we spoke with told us they worked well together as a team in order to provide consistency for the people who used the service. They said there was ongoing information exchange about the needs of people using the service. One told us, “Communication is good, the manager passes on information.” As well as monthly meetings, a communication book, daily shift plans and handover records were used to support the sharing of information. Staff told us they felt well supported by the manager and were comfortable to raise any issues with her. One told us, “I can tell her anything. It’s well managed and feels like a home.” Another staff member said, “I’m not scared to ask questions and she listens to ideas.”

Staff also understood their right to share any concerns about the care at the service and were confident to report poor practice if they witnessed it. Information about the provider’s whistleblowing procedure was available to staff.

The registered manager ensured her own personal knowledge and skills were up to date. She had attended learning events and kept up to date with best practice. This included attendance at forums and training courses run by the local authority. We saw that information from these events was cascaded down to staff through meetings.

Quality assurance surveys had been sent to people and relatives since the new provider took over the home in

October 2014. Relatives told us they were also invited to meet the new provider and spoke favourably about the meeting as it gave them opportunities to ask questions. One relative said they felt reassured that their family member wouldn’t be moved. We saw that the manager had reviewed feedback comments in the questionnaires and responded to the few issues raised by some relatives. She had written individual letters to relatives that explained what action was being taken as a result of their suggestions.

The operations manager visited the home every few months to check that the service was running efficiently. Other internal audits were regularly carried out by the manager and staff team who each had designated responsibilities. These included checks on records such as care plans, risk assessments, health and safety, the environment and medicines. After audits had been carried out the registered manager used them to identify areas where improvements were needed and an action plan was put in place to ensure changes were made. The PIR also gave us information about how the service performed and what improvements were planned. The manager knew what was required to develop the service. This included plans for on-going refurbishment and redecoration and to provide recreational projects for people such as gardening.

The local authority had completed an infection control audit in the home and made recommendations for the manager and staff to implement. We saw written feedback from the local authority which recognised the improvements and commended the manager and staff for “the enthusiasm you have shown in terms of joint working.” The letter also included, “It has been a pleasure to work with a manager that has such motivation to engage.” This showed that the service worked in partnership with other professionals to support care provision and joined up working.

Any incidents or accidents were investigated, recorded and dealt with appropriately. Where any learning was taken from accidents or incidents, this was shared through regular supervision, training and relevant meetings. CQC records showed that the manager had sent us notification forms when necessary and kept us promptly informed of any reportable events.