Freeways

Whites House

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 12 December 2015 and was unannounced. When the service was last inspected in April 2014 there were no breaches of the legal requirements identified.

Whites House is registered to provide care and support for up to eight people with a learning disability. At the time of our inspection the house was at full occupancy.

A registered manager was in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty

Summary of findings

Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty

People had their physical and mental health needs monitored. All care records that we viewed showed people had access to healthcare professionals according to their specific needs.

Where appropriate people maintained contact with their family and were therefore not isolated from those people closest to them.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. People were supported with their medicines by staff and people had their medicines when they needed them.

People received effective care from the staff that supported them. Staff were caring towards people and there was a good relationship between people and staff. People and their representatives were involved in the planning of their care and support. Staff demonstrated and in-depth understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Supporting records highlighted personalised information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. Arrangements were also in place for obtaining people's feedback about the service.

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.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk.

Good

Is the service effective?
The service was effective.

Staff received support through a supervision and training programme. Some staff training required up-dating.

People's rights were being upheld in line with the Mental Capacity Act 2005.

People's healthcare needs were met and the service had obtained support and guidance where required.

Good

Is the service caring?
The service was caring.

Staff were caring towards people and there was a good relationship between people and staff.

People's privacy and dignity was maintained.

Good

Is the service responsive?
The service was responsive to people's needs.

People received good care that was personal to them and staff assisted them with the things they made the choices to do.

Each person's care plan included personal profiles which included what was important to the person and how best to support them.

Good

Is the service well-led?
The service was well-led.

Staff felt well supported by their manager.

To ensure continuous improvement the manager conducted regular compliance audits. The audits identified good practice and action areas where improvements were required.

Good

Whites House

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.

The inspection took place on 12 December 2015 and was unannounced. The last inspection of this service was in April 2014 and we had not identified any breaches of the legal requirements at that time. This inspection was carried out by one inspector.

On the day of the inspection we spoke with four members of staff which included the shift coordinator. The registered manager was on annual leave. The people who used the service were unable to tell us of their experience of living in the house. We observed interactions between staff in communal areas.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Good

Is the service safe?

Our findings

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with generally felt the staffing levels was appropriate. We observed that there were sufficient staff to help people when needed, such as meal times and when medication was required. The shift coordinator explained that in the event additional staff were required due to holiday or unplanned sickness, additional hours would be covered by bank staff who worked for the service. One member of staff also confirmed that this was the case but they told us there had been occurrences where bank staff were not available to provide cover.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Although the training required up-dating staff had received training in safeguarding adults. The safeguarding guidance included how to report safeguarding concerns both internally and externally and provided contact numbers. Staff told us they felt confident to speak directly with a senior member of staff and that they would be listened to. All members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission. The safeguarding policies and contact numbers were available on the staff notice board.

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. Recruitment is managed at the provider's head office and all checks are carried out centrally. We were told that staff files held initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the home and were recorded appropriately.

People's medicines were managed and they were received by people safely. People were receiving their medicines in line with their prescriptions. Staff who administered medicines had received the appropriate training. Staff administering the medicines were knowledgeable about the medicines they were giving and knew people's medical needs well. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately.

We saw that PRN medication plans were in place. PRN medication is commonly used to signify a medication that is taken only when needed. Care plans identified the medication and the reason why this may be needed at certain times for the individual. Care plans confirmed how people preferred to take their medicines. We did identify three discrepancies with the stock balance of two people's PRN medication. The amount held by the service was less than the amount recorded in the stock balance form. The shift coordinator agreed to investigate the discrepancy.

Risks to people were assessed and where required a risk management plan was in place to support people to manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as going out in the community and being aggressive towards other people. Assessments were reviewed and updated regularly as part of the keyworker meeting with the person. Practical instructions were also detailed enabling the person to be independent, as far as possible. Within the person's records, appropriate support and guidance for staff was recorded. Examples included of how to keep a person safe in the community to ensure they did not wander off and become agitated. Potential contributory factors were identified and control measure instructions were provided such as providing two staff member supervision for the person and avoid crowded places.

Incidents and accident forms were completed when necessary and reviewed. This was completed by staff with the aim of reducing the risk of the incident or accident

Good

Is the service safe?

happening. The records showed a description of the incident, the location of the incident and the action taken. The recorded incidents and accidents were investigated by the registered manage. They reviewed the incidents and accidents and identify any emerging themes and lessons learnt. This analysis enabled them to implement strategies to reduce the risk of the incident occurring again.

People were generally cared for in a safe, clean and hygienic environment. On our tour round the home we found that the stair carpets and toilets were heavily stained. The stair carpets were sticky in places and would benefit with being replaced. We were told that staff were allocated daily cleaning duties and a housekeeper cleaned during the week and cleaning schedules were completed. On the day of our inspection the staff were unable to locate the cleaning schedules.

Good

Is the service effective?

Our findings

The provider had a system in place which ensured that new staff would complete an induction training programme which prepared them for their role. The induction programme included essential training such as safeguarding, person-centred support and principles of implementing duty of care. The programme followed the Skills for Care Common Induction Standards (CIS). For all new starters the provider should now aim to follow the Care Certificate training programme. These are recognised training and care standards expected of care staff and have replaced the CIS. To enhance their understanding of a person's needs new members of staff also shadowed more experienced members of staff. A member of staff who was currently being trained told us they felt well supported and the training programme was sufficient.

Staff were generally supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training schedule which showed training was provided in essential matters to ensure staff and people at the home were safe. For example, training in manual handling, fire safety, first aid, food safety and medication had been completed. The training schedule identified that some staff training required up-dating. Additional training specific to the needs of people who used the service had been provided for staff, such as epilepsy and autism awareness had been undertaken by staff. We were also told by the staff that they attended training on de-escalation techniques. The training focussed on proactive methods to avoid triggers that may lead to a person to present behavioural challenges to get their needs met.

Staff were supported through a supervision programme. The manager met with staff regularly to discuss their keyworking role and reports; strategy for service user's; staffing issues – team dynamics; terms and conditions and timesheets; training and development; and reviewing previous goals. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

Staff completed Mental Capacity Act 2005 (MCA) training and understood the importance of promoting choice and empowerment to people when supporting them. We did note that some staff MCA training required up-dating. Where possible the service enabled people to make their own decisions and assist the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices. One member of staff commented; "[person's name] sometimes needs help and other times [person's name] is independent. I offer choices and enable him to be independent with daily tasks such as laundry and cooking."

We made observations of people being offered choices during the inspection, for example food choices were offered and people were asked what activities they wanted to undertake during the day. Where a person was unable to communicate and to enhance their understanding of the person's requirements staff utilised a number of techniques such as using simple sentences and using pictorial indicators. Depending on the specific issues such as medication reviews decision making agreements involved the appropriate health professionals, staff and family members. We were told that the latter were invited to attend such meetings but did not necessarily attend the meetings. Some people who lived at the home had no contact with their family.

We found that people had the support of Independent Mental Capacity Advocates (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. To ensure the person's best interests were fully considered the DoLS application process involved family members (if available), staff members and a mental health capacity assessor.

Good

Is the service effective?

The food was nutritious and served at the correct consistency, according to the person's needs. Where required appropriate professional advice had been sought regarding the consistency of food the person should consume. We observed that staff provided the appropriate support in accordance with the care plan guidelines. The correct procedures to follow were clearly identified in the person's care plan. People were encouraged to eat a healthy, balanced diet and their food choices were respected if they wanted an alternative. One person particularly liked going to the local shop to buy their favourite snacks.

Good

Is the service caring?

Our findings

Our observations showed that good relationships had been established between staff and the people they provided care for. We observed positive interactions during our time at the service. Staff spoke with people in a meaningful way, taking a vested interest in what people were doing, suggesting plans for the day and asking how people were feeling. Staff continually offered support to people with their plans. They played music people liked and people were engaging in the activities of their choice.

People's privacy and dignity was maintained at all times. Staff told us they always considered the person's privacy. A staff member described what action they took to ensure they upheld people's privacy and dignity. They provided examples of how people preferred their personal care routine to be conducted and told us they did not encroach on a person's personal space, if assistance was not required.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. Staff were very knowledgeable about people's different behaviours and specific needs. The level of detail provided by staff members was reflected in the person's care plans.

The staff members enabled the people who used the service to be independent, as far as possible. Each person had a life skills day where they participated in household tasks and were supported to develop their skills. When they spoke about the people they cared for they expressed warmth and dedication towards the people they cared for. People were provided with activities, food and a lifestyle that respected their choices and preferences.

The service respects people's privacy by giving them space and time alone when they wish and staff always knock before entering their bedrooms. We observed that people used their rooms when they wished. People kept their own personal belongings where they wished to and have their rooms furnished to their own individual taste.

Good

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the home and they received the support they required.

A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed every month and a formal review was held once a year and if people's care needs changed. Reviews included comments on the areas of discussion such as the support plan, the person's health, social and leisure activities, personal safety and risks. Future plans were also discussed with the person. Staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary. Where required we found that the service accessed speech and language therapists, behaviour therapists and physiotherapists. An example of this included where a person withdrew from social activities. Advice was sought from a psychologist and strategies were implemented to try and involve the person in activities whilst being mindful of the need to respect their decision if they wished to remain in their room.

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines were identified. People and their representatives had input and choice in the care and support they received. To ensure that the service was responsive to people's needs they made an effective use of the keyworker system. Each person had their own keyworker and they ensured people's daily needs were met such as assisting with personal care tasks and preparing and assisting with meals**.** The keyworker contributed to the individual care planning process and they ensured that appropriate records were kept of the user's progress and activity within the service alongside their future goals. It was an inclusive process and the person was involved as far as possible in the decision-making process.

People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how best to support them. People undertook activities personal to them. There was a planner that showed the different social and leisure activities people liked to do and the days and times people were scheduled to do them. People in the service were supported in what they wanted to do. The social activities recorded varied for people according to their chosen preferences. This demonstrated that the service gave personalised care.

People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. Last year one person visited their family for Christmas. This was undertaken by showing the person a calendar and pictures. The person could see who was taking them in the company van, to their destination. They could then see which days were going to be spent with their family and who was picking them up and taking them back to the service. Staff enabled and encouraged this contact. If family members chose not to maintain close contact with their relative who lived at the home staff wrote to the family providing updates on the person's progress.

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things that are important to the person such as how to communicate with them, and their likes and dislikes.

Some people were not able to complain without assistance and they would need the support of staff or families to make a complaint. Staff described how they would interpret body language and other communication methods to ascertain if people were unhappy. Easy read information was provided for individuals in a way that they may be able to understand such as in pictorial and symbol formats. The provider had systems in place to receive and monitor any complaints that were made. During 2015 the service had not received any formal complaints.

Good

Is the service well-led?

Our findings

Through the regular key worker meetings people were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. Staff told us that if they felt a person had a concern they would report the issue to the manager and felt confident that they would be listened to. One member of staff told us that the manager encouraged the keyworkers to provide feedback on the level of service provided. The keyworker meetings provided an opportunity for people to discuss issues that were important to them and proposed actions. People were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals.

Staff members we spoke with felt well supported by the team and their manager. They told us that if they had any concerns they would feel comfortable approaching the manager to discuss their concerns. The manager held regular staff meetings which enabled them to communicate any changes to the team and to keep people up-to-date with their views on handovers, social media and sickness levels. This meant that staff were fully informed on all aspects of the operation of the service. The service is currently conducting a consultation process and seeking staff views on contractual arrangements. Staff we spoke with felt they were listened to.

Systems were in place to ensure that the staff team communicated effectively throughout their shifts.

Communication books were in place for the staff team as well as one for each of the individuals they support. We saw that staff detailed the necessary information such as the change of medication and health professional visits. This meant that staff had all the appropriate information at staff handover. Staff were required to attend the handovers as well as reading the communications book for the service and the individuals.

To ensure continuous improvement the manager conducted bi-monthly assessments . They reviewed issues such as; specific service user issues, safeguarding, keyworker reports, records and maintenance. The observations identified good practice and areas where improvements were required. They were addressed with the staff to ensure current practice was improved such as ensuring that keyworker reports were produced within the expected time limited. The manager also assessed the operation of the service and also regularly audited areas such as fire safety, infection control and health of safety. The audits identified potential hazards and further actions required. From the records seen the actions identified were generally actioned within the set time limits. If not, explanations were provided why actions were not taken in the set time limits and the plans in place to ensure completion.

Systems to reduce the risk of harm were in operation and regular maintenance was completed. Examples of this included fire alarm, water checks, gas safety and equipment tests.