

# Chitimali Locum Medical Limited

# Whitworth Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people receive respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Whitworth Lodge is a care home for up to six people. The service provides support to people with a learning disability and/or autistic people. There were six people living at the service at the time of our inspection.

### People's experience of using this service and what we found

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

#### Right Support:

The service did not always provide people with safe care and support. Systems to monitor people at risk of malnutrition or weight gain could be improved. The provider lacked oversight of the service and audits in place had not identified the concerns we found, nor that the registered manager lacked knowledge in key areas.

The service was hygienic and well-maintained. The registered manager sought feedback from people, relatives and staff as part of monitoring and improving the service.

#### Right Care:

Staff received the support, supervision and training they needed to understand people's needs in a person-centred way. Staff received training in safeguarding and staff and the registered manager understood their responsibilities in relation to this. There were sufficient staff to care for people safely.

People's healthcare needs were met. People received choice of nutritious food in line with their needs, preferences and cultural backgrounds.

#### Right Culture:

The registered manager and provider lacked sufficient oversight of the service which meant they may not be able to prevent people coming to harm. The registered manager lacked understanding of the necessary health and safety checks required and poor recording systems meant they could not be sure the checks had been carried out. Infection control systems had not sufficiently improved since our last inspection.

An infection control audit was not in place and the provider had not identified risk assessments for people at

higher risk due to COVID-19 had not been carried out by the registered manager, despite this being identified at our last inspection.

Medicines management was not always safe because the registered manager lacked oversight of stocks of 'as required' medicines. This meant they could not be sure people received their medicines required. The registered manager lacked systems to ensure medicines would always be stored at a safe temperature.

The registered manager lacked understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards and had not ensured people were supported to make decisions following best practice in decision-making. People were not always supported to have maximum choice and control of their lives and staff did always not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for the service was requires improvement, published on 18 February 2022 and there was a breach of the regulation relating to infection control. The provider completed an action plan to show what they would do and by when to improve. At this inspection we found that the improvements required had not all been made and other concerns meant the provider remained in breach of this regulation and also regulations relating to consent, good governance and notifications.

#### Why we inspected

We undertook this focused inspection due to anonymous concerns raised with us regarding poor care and to check they had followed their action plan and were now meeting legal requirements. We also assessed whether the service was applying the principles of right support, right care, right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

The overall rating for the service is requires improvement. This is based on the findings at this inspection. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitworth Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

The service has been rated requires improvement and we have identified breaches in relation to people's safety, consent, good governance and notifications. We took enforcement action in relation to our concerns regarding people's safety and good governance by serving warning notices against the provider and the registered manager. You can see the action we told the provider to take for the other breaches at the back of the full length report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve in relation to the breaches. We will work alongside the provider and local authority to monitor progress. We will return to visit

as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

**Requires Improvement** ●

# Whitworth Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector undertook this inspection.

#### Service and service type

Whitworth Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Whitworth Lodge does not provide nursing care.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

Prior to the inspection we reviewed the information we held about the service, including statutory

notifications received, the previous inspection report and concerns raised with us regarding this service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We communicated with two people who used the service about their experience of the care provided. People at the service communicated in a number of ways, including verbal communication and through people's own signing and body language. We spoke with the registered manager and one care worker.

We reviewed a range of records. This included two people's care records and medicines records. We looked at staff training and supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this service was rated requires improvement. The rating for this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection we found the provider had not always managed infection control risks safely and we found the issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made some improvements but were still in breach.

- As we identified at our last inspection the provider had still not assessed infection risks to people and staff at higher risk of COVID-19 due to having learning disabilities or being from black and minority ethnic groups.

As the provider had not taken action to make the improvements required, the provider continued to remain in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider would admit people safely to the service, although they had no new admissions since our last inspection.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Assessing risk, safety monitoring and management

- The registered manager did not ensure the necessary health and safety checks were regularly carried which increased the risk of harm to people and staff. The registered manager was unable to provide evidence key checks had been carried out including electrical installation, personal emergency evacuation plans (PEEPs), water safety risk assessment and fire safety risk assessment with checks by an external contractor.

These risks to people and staff contributed to the breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Besides PEEPs, people's individual risks were assessed and risk management strategies were developed to reduce these risks and keep people safe.



### Using medicines safely

- Medicines were not always stored safely as the registered manager told us they were unsure what action to take if the temperature of the medicines cabinet increased to a temperature that could damage medicines.
- Our checks of stocks and records showed the registered manager could not be sure people received their medicines safely as some medicines were unaccounted for. The registered manager did not ensure accurate records of medicines carried over from one month to the next which meant they could not check stocks against records.

These risks contributed to the breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed annual training in medicines management, so staff knowledge and skills remained current. A person told us, "I get my medicines on time".
- People's records contained information about their prescribed medicines and how they should be supported with taking their prescribed medicines. There was also detailed personalised guidance for staff about giving people 'as required' medicines.
- Medicines were disposed of safely with records signed by the pharmacy for confirmation.

### Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities to report any allegations to the local authority safeguarding team and follow their guidance to investigate.
- Staff understood how to recognise and report abuse and received annual training in this.

### Staffing and recruitment

- There were enough staff to care for people safely. The registered manager told us for a few weeks night staff worked seven days in a row, however, this practice would not be repeated due to concerns about staff being too tired to work safely. Regular agency staff were booked to cover vacancies and recruitment was taking place. A person told us, "I like it here, all the staff are nice and the manager".
- Rotas confirmed staff had sufficient breaks between shifts. Staff told us they were not rushed and there were enough staff, as did the registered manager. We observed staffing numbers were sufficient.
- We did not inspect recruitment practices as no staff had been recruited since our last inspection.
- The registered manager told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

### Visiting in care homes

The visiting arrangements at this service were in line with government guidance.

### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents although the registered manager told us there had been none since our last inspection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection there was insufficient evidence to rate this key question. At this inspection this key question has been rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager was unable to show us decision-specific mental capacity assessments for all people who were suspected to lack capacity and told us they had not all been carried out. The registered manager lacked a clear understanding of what MCA assessments were and how they differed to DoLS. An MCA assessment was seen for one person, but this had not been reviewed for 18 months which meant it may no longer be accurate.
- The registered manager told us they had applied to renew DoLS applications for all people living at the service and were awaiting the outcomes.

These issues meant staff may have made decisions for people who had capacity to make them themselves and so the provider was in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed training in MCA and DoLS and understood their day to day responsibilities in relation to these.

Supporting people to eat and drink enough to maintain a balanced diet

- People were given a choice of nutritious food in line with their needs, preferences and cultural backgrounds. A person told us, "I like the food".
- The processes to monitor changes in people's weight were not effective. The registered manager weighed

people every two weeks and recorded their weights in a book. However, there was no indication of what a healthy weight for each person was, no calculation of their BMI and no clear way of tracking any changes such as a graph. The registered manager told us they would improve this system as soon as possible.

Staff support: induction, training, skills and experience

- Staff received supervision from their line manager every three months and felt supported. The registered manager confirmed staff received supervision at this frequency.
- Staff received an appropriate induction which included completing the care certificate, a nationally recognised qualification in care. Staff told us they received regular training to understand and meet people's diverse needs including learning disability and autism training.

Adapting service, design, decoration to meet people's needs

- The service was well-maintained and people were encouraged to decorate and furnish their rooms as they wished. The service was kept free of clutter to support people with limited sight.
- A stair lift had been installed to aid a person with some mobility difficulties to access their bedroom.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed through informal discussions and observations by staff plus monthly keyworker meetings to check people were happy with their care.
- People's care plans included their life history, healthcare conditions, care needs, the support they required, likes and dislikes. The information was used to plan and deliver people's care and support.
- Staff knew people well and provided care in accordance with their needs and preferences through following key information in their care plans and getting to know them over time.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People were supported to meet their health needs and attend their health appointments including the GP, dentist and hospital specialists. The GP had a learning disability specialist who called the service each week to check whether people required any medical support. A person told us, "I see a doctor when I need to, sometimes they come here".
- Information about people's health conditions was recorded in their care plans, health action plans and their hospital passports.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection there was insufficient evidence to rate this key question. At this inspection the service was rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements

- At our last inspection we found the registered manager lacked sufficient oversight of the service. At this inspection we found this had not improved. The registered manager carried out regular audits of medicines management, yet these had failed to identify the concerns we found. The registered manager had not put in place an infection control monitoring audit, an issue we identified at our last inspection. Audits were not in place to oversee health and safety sufficiently as the registered manager had not identified our concerns.
- After our last inspection we asked the registered manager to send us an action plan showing how they would improve in relation to infection control. The registered manager had not followed their action plan to ensure they improved.
- The registered manager's record keeping was poor. We requested records repeatedly which the registered manager was unable to produce. After several hours the registered manager told us they did not believe these records were in place, such as key health and safety records and MCA records. We asked the registered manager to send us the outstanding records after our inspection and they did not do this. This meant the registered manager could not be assured the service had all the records needed to evidence quality care and safe practices.
- Our discussions showed the knowledge of the registered manager about care home health and safety, MCA and DoLS, and safe medicines management was poor. This meant they may be unable to protect people from harm at the service. The registered manager told us they would ensure they improved through training.
- The provider was unaware of the lack of knowledge of the registered manager in these key areas and had not identified our concerns. The provider's quality assurance lead inspected the service recently but had failed to identify the concerns. This meant the provider's oversight also required improvement to check the registered manager was able to run the care home safely.

These concerns were a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager did not fully understand their responsibility to submit notifications to CQC of any allegation of abuse and had neglected to submit a notification until we requested this after the inspection.

These concerns were a breach of Regulation 18 (Notification of other incidents) of the Care Quality

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were systems in place to ensure the service sought the views of people, staff and relatives through reviews, keyworker meetings, staff and resident's meetings and surveys.
- The registered manager and staff developed good working relationships with health and social care professionals to meet people's needs. Professional advice was incorporated into people's care plans for staff to refer to and was shared with a local day centre who also provided personal care to one person.
- The registered manager understood their duty of candour although there were no examples to share regarding how they had met this.
- People were positive about the care they received and the care they received was based on their unique needs and preferences.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person did not always notify the Commission without delay of any allegation of abuse in relation to a person using the service.</p> <p>Regulation 18(1)(5)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not always ensure care was provided to people with their consent and, if unable to give consent because they lack capacity to do so, the registered person did not always act in accordance with the 2005 Act.</p> <p>Regulation 11(1)(2)(3)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure they provided care safely to people through assessing the risk of, and reducing the risk to people's health and safety of receiving care and of infection control; ensuring the premises and equipment were safe; and ensuring the proper and safe management of medicines.</p> <p>Regulation 12 (1)(2)(1, 2, 4, 5, 7,8)</p>

### The enforcement action we took:

We served a warning notice on the provider and the registered manager.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always assess, monitor and improve the quality and safety of the service, nor did they always assess, monitor and mitigate the risks relating to the health, safety and welfare of people and staff. They did not always maintain securely records relating to the management of the service.</p> <p>Regulation 17(1)(2)(4)(2)</p>

### The enforcement action we took:

We served a warning notice on the provider and the registered manager.