Aitch Care Homes (London) Limited

Whitehatch

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

Summary of findings

Overall summary

Whitehatch provides accommodation and support for up to 11 adults with learning disabilities and physical health needs.

The home had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out a previous inspection of this service on 5 November 2014 where we found improvements were required in relation to staffing numbers. At this inspection on 8 November 2016 we found action had been taken to respond to our concerns and improvements had been made.

This inspection took place on 8 November 2016 and was unannounced. At the time of our inspection there were 11 people living in Whitehatch. People had a range of needs, with some people living with complex epilepsy, autism and learning disabilities. Eight people required the use of a wheelchair.

In the months prior to our inspection a new manager had started at the home and had registered with the CQC. Since the registered manager had started in the service they had made a number of improvements relating to the culture at the home. The registered manager had put work into making the home more person led and flexible to meet the individual needs of people.

The registered manager was in the process of introducing new care plans for people which contained more detailed information about their histories, individual needs, routines, preferences and interests. People and staff who knew them well were involved in updating these .

People were protected from risks relating to their health, mobility, medicines, nutrition and behaviours. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staff competencies relating to the administration of medicines were regularly checked.

Staff knew how to recognise possible signs of abuse which also helped protect people. Staff knew what signs to look out for and the procedures to follow should they need to report concerns. Safeguarding information and contact numbers for the relevant bodies were accessible to staff and people who lived in Whitehatch in a format they could understand. People and staff told us they felt comfortable raising concerns. Recruitment procedures were in place to ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with vulnerable people.

Staffing numbers at the home were sufficient to meet people's needs and provide them with one to one support and time in their chosen activities. During our inspection we saw positive and caring interactions between people and staff. We found staff had caring attitudes towards people and spoke highly of them, their personalities and qualities. Staff spent time with people individually and knew people's needs, preferences, likes and dislikes.

Staff had the competencies and information they required in order to meet people's needs. There was a schedule in place to ensure staff had supervision and appraisal regularly. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

People had been involved in decorating their bedrooms as well as the dining room and living room which had recently been redecorated.

People were supported to have enough to eat and drink in ways that met their needs and preferences. People were supported to make choices about what they wanted to eat and encouraged to help prepare meals where they were able. Where people required specific foods or food textures, these were provided by staff who understood people's needs.

There was open and effective management at Whitehatch. The registered manager led by example to ensure best practice was followed. People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived in the home.

Risks to people had been identified and action had been taken to minimise these risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good

The service was effective.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

Is the service caring?

Good

The service was caring.

Staff displayed caring attitudes towards people and spoke about people with affection and respect.

Staff supported people in an individualised way.

Staff knew people's histories, their preferences, likes and dislikes.

People were treated with dignity.

People were encouraged to be independent and have a say in the way their care was delivered.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's individual needs and these needs were regularly reviewed.

People benefited from meaningful activities which reflected their interests.

People felt comfortable making complaints and were encouraged to do so.

Is the service well-led?

Good

The service was well led.

The newly registered manager had made improvements.

There was an open culture where people and staff were encouraged to provide feedback. This was used to improve the service.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people.

Whitehatch

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 checked whether the provider was 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 visit took place on 8 November 2016 and was unannounced. The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

Some people who lived in Whitehatch were able to talk to us about their experience of the home but some were less able to do so because they had communication difficulties. Therefore, as well as speaking with people, we conducted a short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We looked around the home, spent time with people in the lounge, the dining room and in their bedrooms. We observed how staff interacted with people throughout the inspection. We spent time with people over the lunchtime meal period. We spent time with almost all the people who lived in Whitehatch, three members of staff and the registered manager. We also sought feedback from three people's relatives.

We looked at the way in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We sought feedback from external healthcare professionals who had visited the home but did not receive any feedback from them.

We looked in detail at the care provided to four people, including looking at their care files and other records. We looked at the recruitment and training files for three staff members and other records relating to the operation of the home such as risk assessments, policies and procedures.

Good

Is the service safe?

Our findings

The people who lived in Whitehatch had specific needs related to their learning disability and autism. Staff recognised the need for people to receive structured support. People and relatives told us people were safe at the home. Comments from relatives included "I feel [relative's name] is safe and well cared for".

People's needs and abilities had been assessed prior to them moving into the home and risk assessments had been put in place to guide staff on how to protect people. Risks to people were being well managed. People who lived in Whitehatch had a variety of specific needs relating to their health, their mobility, their behaviours, their nutrition and hydration. The potential risks to each person's health, safety and welfare had been identified and staff had used specialised guidance to ensure these risks were minimised. For example, one person displayed behaviours which could cause harm to themselves. Staff had identified potential triggers to these behaviours, had put in place early intervention strategies. Staff supported the person by using personalised coping strategies to prevent escalation of the behaviours and knew how to support the person following any episodes of distress.

Where people had specific healthcare needs, such as epilepsy, there were detailed assessments and plans in place for staff to follow. Staff had received specialist training in these areas in order to be able to safely meet each person's healthcare needs. During our inspection we observed one person experiencing seizures relating to their complex epilepsy. Staff responded immediately, identifying the type of seizures the person was having and following the actions dictated by the person's specific care plan. This prompt staff action meant the person was safeguarded from any complications related to their epilepsy.

Some people had needs relating to their eating and drinking. Some people had allergies and intolerances and some were at risk of choking. Staff had sought advice and guidance from outside healthcare professionals on how best to support people in these areas and protect them from risks. Staff understood people's needs and we observed people being supported to eat their meals in the way advised by professionals.

The premises and the equipment was well maintained to ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. Good infection control practices were in use and there were specific infection control measures used in the kitchen, the laundry room and in the delivery of people's personal care. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. Each person had a completed personal emergency evacuation plan which detailed how people needed to be supported in the event of an emergency evacuation from the building.

People who lived in Whitehatch were protected by staff who knew how to recognise signs of potential abuse. Staff had received training in how to recognise harm or abuse and knew where to access the information if they needed it. Safeguarding information and contact numbers were displayed within the hallway for staff and people to use. These were presented in an easy read version which enabled people to understand and use this information without the assistance of staff. People and staff were encouraged to

speak about safeguarding and this was a regular topic at 'staff meetings' and 'resident meetings'.

All the people living in the home required support from staff to take their medicines. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor. Staff and the registered manager carried out medicine audits regularly to ensure people had received their medicines and any errors would be picked up on without delay. Records showed, and staff told us they had been trained to administer medicines safely and had their competencies checked by the registered manager.

There were sufficient staff available to meet people's needs. Staff and people confirmed staffing levels at the home were adequate. There were 11 people living in Whitehatch and during the mornings there were six care workers on shift and during the afternoons there were five. Throughout the week there was the registered manager and a deputy manager who worked additionally to the core staff numbers. During the nights there were two waking members of care staff to care for people. During our inspection we found staff meeting people's needs in an unhurried manner. Where people required assistance we saw this was provided quickly and staff spent time taking people out for activities and spending time with people individually.

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the home. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with people who are vulnerable. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this protected people from the risks associated with employing unsuitable staff.

Where accidents and incidents had taken place, the registered manager had reviewed these to ensure the risks to people were minimised. Details of the incident as well as actions taken following the incident were recorded. The registered manager reviewed incident records regularly in order to look for patterns and take action where needed without delay.

Good

Is the service effective?

Our findings

Staff knew people's needs and how best to meet them.

Staff had undertaken training in areas which included diet and nutrition, communication, disability awareness, fire awareness, first aid, health and safety, infection control, mental health awareness, moving and handling and safeguarding. Staff told us they had received sufficient training to carry out their role and meet the needs of the people at the home. Staff training needs were regularly reviewed and discussed with them during supervisions and appraisals. Staff told us they could ask for more training if they wanted it.

Staff were encouraged to work towards further qualifications and new staff were about to start undertaking the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

The registered manager was looking to improve the service by including staff and people in monitoring systems and promoting good practice. The registered manager was in the process of introducing lead roles (ie champions) for staff to take on in relation to specific areas such as medication, infection control, visual impairment, fire and safeguarding. The champions would have the responsibility for overseeing and regularly checking these areas as well as conducting further research, keeping up to date with best practice and informing the rest of the staff group. The registered manager was going to be involving people who lived in the home with this by also making them champions in specific areas if they wanted to be. This meant they could be involved in checking the home's infection control practices alongside a member of staff for instance. The registered manager told us they had spoken about this with one person already who was very keen to be involved.

Staff told us they felt supported by the registered manager. Staff had regular supervision and appraisal with the registered manager which staff told us they found useful. During supervision, staff had the opportunity to sit down in a one to one session with the registered manager to talk about their job role and discuss any issues.

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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff had received training in the MCA and displayed an understanding of its principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA, had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded within each person's care plan when applicable. For example, one person had been assessed as not having

the capacity to consent to specific measures being in place to protect them from risks posed by their epilepsy (bed rails, safety mat beside their bed and epilepsy monitor). The registered manager had made a best interests decision for them in conjunction with the person's GP and epilepsy nurse. This ensured this person's rights were respected where they were unable to make decisions for themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made the appropriate DoLS applications to the local authority. Most people at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe. DoLS applications had been made for the people who lacked mental capacity to make the decision to stay at the home and receive care. All of these applications were awaiting approval.

People were supported to have enough to eat and drink. Mealtimes were sociable and people were involved in the planning and preparation of the meals. During our inspection one person was supported to make sandwiches for themselves and others. People enjoyed their lunch and the person who had made them was very happy to have been involved and to receive positive feedback from other people and staff. People were involved in choosing a main evening meal every week to meet their tastes. Alternative meals were offered to people if they did not like what was on offer. Where people had specific dietary requirements or preferences this was respected and catered for. For example, one person did not eat gluten. This person had their own supply of gluten free products available as well as their own toaster so their toast was free from traces of ordinary bread.

People chose to eat where they felt comfortable, either in the dining room, the living room or their bedroom. Where people had specific needs relating to their nutrition or hydration, these were responded to. For example, one person needed their food to be cut up into small, manageable pieces, and needed support from staff to eat. During our inspection we observed staff supporting this person in a kind and considerate manner that was not rushed. People told us they enjoyed the food and said it was "good". Staff were able to tell us how they encouraged people to eat where this was required. Staff told us about one person who ate more if staff rubbed their stomach. They told us they used this technique when needed.

People were supported by staff to see healthcare professionals such as GPs, specialist nurses, speech and language therapists, district nurses, occupational health practitioners, opticians and dentists. People were referred to outside professionals without delay and the advice provided by these professionals was listened to and used to plan people's care.

Good

Is the service caring?

Our findings

People who lived in Whitehatch spoke highly of the home and the staff. Comments from people included "It's good living here" and "The staff are nice, all of them". One relative said "They show a caring attitude". Staff made comments to us which demonstrated how much they cared for the people who lived in the home and valued their individual personalities. Their comments included "I love the guys", "He is so wonderful" and "He is so funny and kind natured". Staff told us about how much they cared for people's well-being. One member of staff told us that when one person had been taken to hospital all the staff, even those on their days off, had sent each other messages enquiring about this person's well-being every day until they returned.

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff, sharing jokes with them and showing physical affection. Staff knew people well and engaged people in conversations about their interests and preferences.

People's dignity and privacy were respected. For example, staff did not enter people's rooms without first knocking and waiting for a reply. People received personal care in private and staff did not discuss people in front of others.

People were involved in all aspects of their care and were asked for their opinions. People had been involved in the planning of their care and each person's care plan contained information about their history and their personality. People's likes, dislikes, preferences and routines were included in their care plans. People were referred to respectfully within their records and when staff spoke about them.

People's bedrooms were decorated in ways which reflected their personal tastes and they had been involved in the redecoration of the living room and the dining room. People had been shown printed pictures that they picked to incorporate into the decoration of these rooms. People had liked pictures of dining rooms which looked like American diners with red chairs and branded marketing signs. Staff had purchased items that fitted with this theme and the dining room had been decorated in the way people had wanted.

One person was deeply religious and always enjoyed staff reciting the Lord's Prayer to them before they went to sleep. The registered manager had purchased a very large wall sticker of this prayer which had been placed on the wall opposite their bed. This meant the person could see this as they went to sleep and that all staff would know the words in order to read this to them every night.

Throughout the home there were canvas photographs of people. Each person had a large canvas of themselves located outside their bedroom doors. Each photograph was of professional quality and showed an appreciation for the people living in Whitehatch, their individuality and looks.

The registered manager told us about the caring nature of staff at the home. Each month a member of staff was given an 'employee of the month' award and this was given to the member of staff who had made the

most positive impact on people. The member of staff who had most recently won had done so because they had taken two people on a holiday to Poland which they had thoroughly enjoyed.

The registered manager and staff spoke highly of the people who lived in Whitehatch. They told us about their personalities and their histories in a way which demonstrated they cared for them. During our inspection a new item arrived for a person. The registered manager had bought this person, who enjoyed watching television whilst sitting on the floor, a new memory foam carpet. They identified this would make it more comfortable for this person to continue sitting in the way they enjoyed. We observed this person be very happy about this new item and thanking the registered manager for their thoughtfulness.

The registered manager told us about one person who rarely joined in with activities or wanted to leave the home. They had identified this person was interested in wrestling and therefore had encouraged them to go and see a wrestling match. They offered this person the opportunity to pick which member of staff they wanted to go with them to support them and arranged for this trip to take place. This person had thoroughly enjoyed the experience and was planning on going again.

People were encouraged and supported to make choices and retain their independence through staff working alongside them. Where people had accomplished tasks on their own, staff provided them with praise and encouragement. For example, one person had arranged the bouquet of flowers that were displayed within the entrance hall. Next to the flowers was a card which stated the name of the person who had arranged the flowers and this had been signed by them. This ensured the person's work was acknowledged by every person who came into the home and brought this person pride and satisfaction.

Good

Is the service responsive?

Our findings

People told us they were happy with the care they received at Whitehatch. Staff told us they were confident people at the home were receiving the best care possible. One member of staff said "We all give the care that we would like to receive ourselves". People who lived in the home had a variety of needs and required varying levels of care and support. People's needs had been assessed and from these, with the input from people and their relatives, care plans had been created for each person. Each person's care plan was regularly reviewed and updated to reflect their changing needs. For example, one person had on occasion spilt their drink on themselves. Staff had identified this as a risk to this person and had therefore implemented new guidance for staff to follow in relation to ensuring their drinks were never very hot or the cup too full. This ensured this person was able to drink independently and their clothes remained clean, therefore promoting their dignity.

We looked at the care and support plans for four people receiving care. The registered manager told us they were in the process of changing plans to a newer format. The newer plans had more detail about people's specific needs and personal preferences, but the older plans still gave sufficient detail for the person's needs and any risks to be understood. Staff were able to tell us about people's specific needs and how they best supported them.

People's care was responsive to their needs. People's care plans stressed what they were able to do for themselves and how staff were to maintain and promote their independence. For example, one person's care plan detailed how they were able to participate in their personal care and what actions staff should take to ensure this person continued to take part, develop and maintain these skills. One person we spoke with told us how they sometimes helped staff with tasks where they were able. They said "Sometimes I help with cooking. I like it".

Where people had specific needs relating to their health, mobility, wellbeing, nutrition or behaviours, these were planned for and responded to by staff. For example, where one person had specific needs relating to their behaviours, specialist healthcare professionals had been consulted and action had been taken to minimise risks and meet the person's needs. The person's care plan contained detailed information about what signs staff should look out for relating to the person's behaviours and what steps they should take. Staff spoke confidently about this person's needs and how they met them.

People had varying levels of communication where some were able to express themselves verbally and others were not. Staff communicated with people in the ways most appropriate for them. For example, one person was only able to communicate through facial expressions and body language. Staff had access to detailed information relating to how this person expressed themselves and what their facial expressions meant. We saw staff communicating with this person and understanding their needs, wants and offering them choices.

People had access to activities which met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. There were regular forms of organised activities

available in the home in line with people's preferences and feedback. During our inspection we saw an external musician come in to entertain people. Each person was given a musical instrument so they could join in with the music. We saw and heard people joining in and enjoying themselves. One person told us before the musician came how excited they were about the visit and how they enjoyed playing the guitar.

People were also provided with individual activities with staff. People took part in activities such as horse riding, swimming, shopping and going out for lunch or coffee. We spoke to one person who had returned from having lunch with a member of staff during our inspection. They told us how they had enjoyed this and spoke enthusiastically about what they had ordered and what they had done. Each person had specific plans of activities they wanted to take part in as a goal to achieve. We saw one person had wanted to spend a day in Brighton and this had been organised to take place the day before our inspection. This person had taken the bus, the train, had lunch, played arcade games and gone to the cinema. They had enjoyed their day and the staff member who had accompanied them told us how much they had also enjoyed this person's company and looked forward to taking them again.

At the time of our inspection the registered manager was in the process of organising for drivers to be recruited in order to use the minibus they had purchased. Until this was completed people used public transport for their outings which restricted the options of possible activities available slightly.

A complaints policy was in place at the home. People told us they knew who they could raise complaints to and felt comfortable they would be dealt with appropriately. A relative said "The manager is always receptive to my concerns". The registered manager told us no complaints had been received in the last few months.

Good

Is the service well-led?

Our findings

A new manager had been registered at Whitehatch in April 2016 and had worked to improve care for the people who lived in the home and provide staff with strong and approachable leadership. People told us they felt comfortable approaching the registered manager and we saw people talking with them and discussing their wants and needs. The registered manager told us their objective, when joining the home, had been to turn the home into one that was much more 'person led'. They told us they had worked hard to ensure staff supported people in a way that was 'with them' as opposed to 'for them'. This had improved people's freedom, control and involvement in their own care and support.

Staff told us the registered manager and the senior staff led by example to ensure staff provided people with a high standard of care. Staff told us the registered manager was always willing to help if needed and picked up on any issues they identified and insisted best practice was used. Senior care staff had also been instructed to address any issues with staff should they see any negative practice. This ensured staff worked to a high standard to ensure people received high quality care.

There was an open culture at the home, led by the registered manager. The registered manager had an 'open door' policy and encouraged people and staff to share their views and ideas with them. Staff, people, relatives and healthcare professionals were encouraged to share their ideas and feedback about every aspect of the service. Staff told us the registered manager listened to their ideas and implemented them where appropriate. For example, one member of staff had suggested improvements be made to the ways in which fire alarms were being tested and this had been immediately implemented.

People and their relatives were encouraged to give feedback. Yearly surveys were sent to people who lived in Whitehatch and their relatives. People were provided with different types of surveys to complete depending on their communication styles and abilities. Once these surveys were completed and returned, they were analysed and action plans were created to respond to any issues raised. Following some feedback received in the most recent survey the registered manager had responded to areas requiring improvement and had implemented changes. For example, one person had expressed the desire to change the decoration of their room. Staff were in the process of exploring the person's new choices in order to update their room to meet their preferences.

People benefited from a good standard of care because the service had systems in place to assess, monitor and improve the quality and safety of care at the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding, staffing and quality of care. From these audits action plans were created and the registered manager took action when areas requiring improvement were highlighted. For example, a recent medication audit had identified a medication error. The registered manager had taken immediate steps to ensure the person the medicine error concerned was not at risk, had stopped the staff member in question from administering medicines to people, had conducted an investigation and had organised for the member of staff to receive further training and have their competency checked.

Every month a senior manager conducted a quality monitoring check and once a year a CQC style inspection was carried out to ensure the home was safe, effective, caring, responsive and well led. The registered manager regularly updated the information held in the service's computer system. This information was reviewed by senior management from the provider's management team. The registered manager told us this included information about accidents and incidents. Following a recent increase in one person's self-harming behaviours, they had been contacted by senior management who had offered them extra support and guidance from a behavioural management team. This demonstrated the systems in place to monitor people's care and support was effective in responding to the risks identified.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.