

Living Ambitions Limited

# Whitwood Grange

## Inspection report

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Date of inspection visit:  
29 December 2016

Date of publication:  
31 January 2017

### 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

The inspection took place on 29 December 2016 and was unannounced, which meant no one working at the home knew we would be inspecting the service. The care home was inspected in September 2015 and was in breach of three regulations and was rated overall requires improvement. We also carried out a focused inspection in December 2015, at this inspection we only looked at safe and well led and we saw improvements but the rating was not changed.

Whitwood Grange is a purpose built home which provides care and accommodation for up to 17 people with a learning disability. The service is divided into three houses Hugh and Walton House both can accommodate up to six people. These houses have communal lounges, dining rooms and kitchens. Bedrooms have en-suite facilities. Then the third is The Fold, which are five self-contained flats.

The service had a registered manager in post at the time of our 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 and associated Regulations about how the service is run.

Relative's of people who used the service, who we spoke with, told us they were very happy with how care and support was provided at the home. They spoke extremely positively about the staff and the way the home was managed. People we observed who used the service were engaging with staff talking and laughing together.

There was a strong person centred and caring culture in the home. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The vision of the service was shared by the management team and staff.

We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people and management plans to reduce the risks were in place to ensure people's safety.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this topic. People who used the service had been assessed to determine if a DoLS application was required and some people had authorised DoLS in place and staff were aware of any conditions attached to these.

Systems were in place to ensure people received their medications in a safe and timely way from staff who were appropriately trained. Robust monitoring of medication had been introduced since our last inspection.

There was enough skilled and experienced staff on duty to meet people's needs. Recruitment systems were

robust, so helped the employer make safer recruitment decisions when employing new staff. New staff had received a comprehensive induction into how the home operated and their job role. This was followed by regular training updates and specialist training to meet the needs of the people using the service.

People were supported to eat and drink sufficient to maintain a balanced diet and adequate hydration.

People's needs had been assessed before they moved to the home and we found they, and if required their relatives had been involved in planning care. Training was also provided to staff before people moved into Whitwood Grange to ensure staff understood how to meet their needs. Care files checked reflected people's care and support needs, choices and preferences.

People had access to a varied programme of activities which provided in-house stimulation, as well as regular trips out into the community.

There were extensive systems in place to monitor and improve the quality of the service provided. These had been improved and implemented since our last inspection and we saw these were embedded into practice. The registered manager and staff we spoke with were very passionate about ensuring effective quality monitoring to continually improve the service and the wellbeing of people they supported.

Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were managed well and that management took steps to learn from such events and put measures in place which meant lessons were learnt and they were less likely to happen again.

## 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 were protected from harm. Staff knew what action to take if they suspected abuse was taking place. Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

Recruitment processes were thorough which helped the employer make safer recruitment decisions when employing new staff. There was sufficient staff on duty to meet people's needs.

Systems were in place to make sure people received their medications safely.

### Is the service effective?

Good ●

The service was effective.

Staff were trained to an excellent standard that enabled them to meet people's needs in a person-centred way. Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.

A structured induction and training programme was available which enabled staff to meet the needs of the people they supported.

People received a well-balanced diet that offered variety and choice.

### Is the service caring?

Good ●

The service was caring.

Relatives told us staff were exceptionally caring and provided person centred care.

Staff spoke with pride about the service and about the focus on promoting people's wellbeing. Staff were extremely passionate and enthusiastic about ensuring the care they provided was

personalised and individualised. Staff were very respectful of people's privacy and dignity.

We observed that staff took account of people's individual needs and choices, while supporting them to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences. Staff understood the concept of person-centred care and put this into practice when looking after people.

There was a large range of individualised activities on offer at the home. These were enjoyed by people and were mentally stimulating. People were also encouraged to pursue their own hobbies or interests.

There was a system in place to tell people and their relatives how to make a complaint and how it would be managed.

### Is the service well-led?

Good ●

The service was well led.

The vision and values of the home were understood by staff and had been embedded in the way staff delivered care. The registered manager and staff had developed a strong and visible person centred culture in the service and all staff we spoke with were fully supportive of this. Staff told us the management team were very knowledgeable, inspired a caring approach and led by example.

There was a range of robust audit systems in place to measure the quality and care delivered. People, their relatives and staff were extremely positive about the way the home was managed.

# Whitwood Grange

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The unannounced inspection was carried out by one adult social care inspector on 29 December 2016.

Before our inspection, we reviewed all the information we held about the home. We also asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

At the time of the visit there were 17 people using the service. We spoke with 2 people who used the service. We also spent time observing how staff interacted with, and gave support to people. Following the inspection we spoke with six relatives of people who used the service and five health care professionals.

We spoke with the registered manager, three deputy managers, the housekeeper and three support workers.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing three people's care records staff recruitment and support files, the staff training records, medication records, audits, policies and procedures.

# Is the service safe?

## Our findings

At our previous focused inspection in December 2015 the service was in breach of regulation 12 of The Health and Social Care Act 2008 (regulated activities) regulations 2014. Although we had found improvements since our comprehensive inspection in September 2015 we still found risks to people were not always managed.

At this inspection we found risks well managed. Risks had been assessed regularly reviewed and staff received regular training on how to manage people who presented with behaviour that could challenge.

Relatives we spoke with said they felt the home was a safe place. They told us the service provided was excellent. One relative told us, "The staff are very good; [my relative] is always happy and is definitely safe at Whitwood Grange." Another relative said, "I am very happy how my relative is looked after, I wouldn't want them to live anywhere else."

Staff we spoke with told us the risk were much better managed. They told us they were now fully supported and felt better prepared to be able to understand people's needs and how best to meet them. They told us each person was approached differently as each person's needs were different. One member of staff said, "We have regular meetings to discuss people, what is working and what isn't working to ensure we are providing the right approach to be able to meet their needs."

Health care professionals we spoke with also told us staff were very good at managing risks. One health care professional told us, "Staff have regular meetings to ensure people's needs are being met, staff are very knowledgeable. I can't praise them enough."

We saw care was planned and delivered in a way that promoted people's safety and welfare. Records were in place to monitor any specific areas where people were more at risk, and explained to staff what action they needed to take to protect them.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The staff we spoke were knowledgeable about safeguarding people and the companies whistle blowing policies and procedures. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff said they would not hesitate to report any safeguarding concerns.

We found that there was enough staff to meet the needs of the people being cared for at the time of our inspection. Staff levels were determined by the placing authority and were usually one to one staffing and in some instances was two to one to ensure people's safety. We saw the staffing rota reflected this. Staff we spoke with also confirmed that there was enough staff on duty to meet people's needs. Our observations identified people's needs were met in a timely way and staff were present in communal areas. Relatives we spoke with told us the staffing levels were always maintained. One relative said, "The staffing is adapted to meet [my relative's] needs. The staff are very flexible, it is very person centred."

Since our last inspection the registered manager had identified that to ensure care staff were able to concentrate on care they required a housekeeper. This was agreed by the provider and this post was developed and a new housekeeper was employed. They commenced in post in September 2016. Their role was varied, they told us they organised the shopping, cleaning, sewing and any other housekeeping duties. They explained this enabled care staff to concentrate on the care aspects and activities so people they supported were not left without stimulation while care staff cleaned or shopped. All staff we spoke with said this post was excellent it had made such a difference.

We found a robust recruitment and selection process was in place, which included new staff receiving a structured induction to the home. We looked at three staff files which contained all the essential pre-employment checks required. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Staff we spoke with confirmed the recruitment process. They said they could not start work until satisfactory references and a DBS check had been obtained.

We looked at the systems in place for managing medicines. This included the storage, handling and stock of medicines and medication administration records (MAR). We found medication was stored correctly. The temperatures within the rooms they were stored in and refrigerator temperatures being regularly monitored. However, the room thermometer used was not a minimum and maximum thermometer so it did not record the temperatures it reached throughout the day. The deputy manager agreed to purchase a suitable thermometer to ensure the room temperature was monitored sufficiently to ensure medicines were kept at the correct temperatures.

Overall we found medication was managed safely and records were robust. These systems had been improved since our last inspection. There was a medication lead who was a deputy manager. They had taken on the responsibility of ordering and receipt of medication. They had also instigated very robust quality monitoring of medicines. The monitoring had identified some minor issues, we saw the deputy manager had recorded these issues and had followed them up with staff to ensure they did not occur again.



# Is the service effective?

## Our findings

Relatives we spoke with told us the staff were very good and met the needs of people who used the service. Relatives praised the staff team and spoke very highly of the support provided. One relative said, "They have made a difference to [my relative's] quality of life they are able to go out now as this is well managed and they thoroughly enjoy this." Another relative said, "My [relative] told me they are happy and like living at Whitwood Grange and they are always looking forward to going back when they have been away visiting. This tells me a lot." Another relative told us, "They enable people they support to do things they like doing ensuring their needs are met and they are happy."

People were supported to have their assessed needs met by staff who had the knowledge and skills required. The service had recently had two new people start to use the service. These people had very complex needs. When they were assessed by the management team it was decided a training package was required for staff to be able to understand their needs. This was developed by the deputy manager and delivered to all staff. This was so staff were able to know and understand the person and their needs, how to support them to meet their needs and manage any behaviours that may challenge, before they came to live at Whitwood Grange. Staff told us this was extremely helpful. Health care professionals told us, as staff knew people's needs and background before they came to live at Whitwood Grange it made the transition much better for the person.

Staff we spoke with all said the training provided was very good and they could access service specific training to ensure they understood people's needs. One staff member said, "It is so much better, we can access training we want as well as what we have to do."

We found all new staff completed the company's mandatory training, which included specific training to be able to meet the needs of people they supported. Staff new to care were also completing the 'Care Certificate' introduced by Skills for Care. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

New staff told us they had been given plenty of time to get to know people before they supported them alone. They said they were given good support to be able to understand their role and responsibilities. Staff told us the induction was very good. One new member of staff said, "I have good support, the training had been excellent and I love working here."

There was a computerised training matrix to monitor which training staff had completed and when it required updating. It showed that staff had initially completed training in essential topics and this had been followed by periodic updates. Where training was showing as required the registered manager explained this was booked to ensure staff training was kept up to date.

At our last inspection we had identified a large number of incidents that were caused by people who could present with behaviour that may challenge. Staff had sustained injuries attempting to manage the

behaviour. The registered manager had implemented new ways of working to manage people's behaviour. Staff had received specific training in how to manage behaviours that may challenge. Staff told us the training was very good and focused on diversion and distraction and the least restrictive methods to manage any behaviour.

To ensure staff knowledge and skills were kept up to date three staff had attended training to become an instructor. They had completed the proactive working practices, keeping safe and person specific interventions instructor training. This training was accredited by The British Institute of learning Disabilities (BILD). This meant they could keep training up to date for staff in managing behaviour. One staff member who had completed the instructor training explained to us what it had entailed it was very comprehensive and thorough. The staff member was very passionate about ensuring all staff knew how people could present and how to manage this to ensure people's well-being was maintained.

Health care professional we spoke with told us staff were very knowledgeable. One said, "Staff have so much training, working practice is excellent."

Staff received regular supervision and support sessions. Staff told us they were very well supported. They told us if they had any concerns or issues the management were very approachable and were always there to offer support and guidance.

All staff said they also supported each other and worked well as a team. We also saw staff received an annual appraisal of their work performance.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). DoLS is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this subject, and people who used the service had been assessed to determine if a DoLS application was required. We looked at the care files of people who had an authorised DoLS. We saw this was detailed in a care plan, which clearly described any imposed conditions and how these were being met. This ensured the person's needs were being met in the least restrictive way.

Staff were clear about their roles and responsibilities to ensure people's human rights were protected. They knew people well and were aware of their communications needs and how best to enable them to make decisions for themselves. They were also knowledgeable about the process that needed to be followed when people were unable to make certain decisions themselves. For instance, staff described how they would make sure decisions made were in people's best interest. They involved the person using their most effective means of communication, and involved relatives and relevant health professionals as required. Relatives and health care professionals we spoke with confirmed staff always made decisions in people's best interests.

Staff explained to us that meals were decided on a weekly basis with the involvement of people they supported. The care staff or the housekeeper did the shopping and meals were very flexible. We saw a good

variety of food available including fresh fruit and vegetables. Staff told us if they run out of anything they just went out and bought it there was always enough food for people and plenty of choice.

Staff understood people's dietary needs, special diets or any person who was at risk of choking. We saw detailed in people's care plans their dietary requirements, preferences and likes and dislikes. We saw the speech and language therapist had also been involved with some people where a risk had been identified and their guidance and instructions were in the plan for staff to follow.

People were supported to maintain good health. We saw from care plans that health care professionals were regularly involved in people's care needs. There were regular meetings with health care professionals to discuss progress what was working and what needed to change. Professionals we spoke with all praised the service and the staff. One said, "The quality of life has tremendously improved for the person I see, from a difficult life, to having a good life this is because staff know how to support them." Another health care professional told us, "We have clinical meetings every two weeks, we review risk management plans, any new behaviours and staff training. The meetings make a difference to people's quality of life as the discussions help staff understand why people present the way they do and how to improve things for them by making adjustments to the care delivery." Another health care professional said, "The staff are dynamic in their thinking, ensuring people's quality of life is as good as it can be. They [the staff] are so person centred in their approach."

Another health care professional told us how the staff liaised with them and other professionals had helped a person they support make huge progress. They said, "They [the person] has made huge leaps and strides they are a different person the staff have been outstanding."

## Is the service caring?

### Our findings

Relatives we spoke with all told us how kind, considerate, caring and thoughtful the staff were. One relative said, "The staff are excellent care is adapted to [relative] needs. Staff enable [relative] to do what they like doing" Another relative said, "It's a good service, I can't praise them enough."

During our visit we spent some time in communal areas observing people who used the service and talking to staff. We saw staff interacted with people in a positive way. They supported people in a caring and responsive manner, while assisting them to go about their daily lives and encouraging independence. We observed staff treating each person as an individual and involving them in making decisions. We saw people were always asked what they wanted to do, or what assistance they needed, in an inclusive sensitive way. □

People's needs and preferences were recorded in their care records. Staff were able to describe the ways in which they got to know people, such as talking to them and reading their care files, which included information about people's likes, dislikes, their preferred routines and their life history. Staff were passionate about ensuring they knew the person well to be able to meet their needs.

People living at the home looked well-presented and cared for and we saw staff treated them with dignity. We saw staff respecting people's privacy and dignity by knocking on bedroom doors before entering, closing doors while providing personal care and speaking to people about things discreetly.

Noticeboards around the home provided people with information promoting respecting people's dignity, as well as the names of the dignity champions at the home. A dignity champion is a staff member who signs up to act as a good role model to educate and inform all those working around them, in order to promote dignity in people's care.

We saw relatives could visit without restriction and were made welcome. Relatives we spoke with told us they were always made welcome one told us, "Family visits are well supported, [relative] was a very difficult person, we have had two previous placements break down. The support here is brilliant."

## Is the service responsive?

### Our findings

Relatives told us staff were responsive to their family member's needs. We saw interactions between staff and people using the service was good and focused on the individual needs and preferences of the person being supported.

Care files we looked at contained care plans that identified people's needs, setting out how to support each person so that their individual needs were met. We found the care plans were well organised and easy to follow.

We found care plans informed staff how to support and care for people to ensure that they received care in line with their assessed needs. They had also been regularly evaluated to ensure that they were up to date and captured any changing needs. There were regular clinical meeting with health care professionals to review people's needs and any changes required to improve their quality of life and wellbeing. One health care professional told us staff would come to meeting prepared to ensure relevant points were discussed. They said, "We meet and discuss what is the issue, staff tell me what they think, bring clear questions and already have some solutions to discuss. I love working with the staff team as they are proactive in managing people's needs."

People who used the service were supported on a one to one or two to one basis and the support staff organised activities and supported people to participate in activities of their choice. We saw people going out during our inspection and care files showed the activities people had participated in.

Relatives we spoke with told us the activities were very good. One told us, "The activities are tailored to the needs of the person and adapted depending on how the person is each day." Another relative told us, "The staff go out of their way to engage with [my relative] and encourage activities, but also know when to give them some space, but will try again in different ways to ensure he gets out and enjoys life. [My relative] would constantly say no but staff work with them and they get out regularly and enjoy the activities."

We saw people who used the service were supported to visit family and friends and maintain friendships. Families we spoke with told us the support was very good and enabled them to see their relative in their own home.

The provider had a complaints and compliments procedure which was available to people who lived at and visited the home. Records showed that the service had fully investigated complaints and concerns raised. We saw information in the home, encouraging people to speak up if they witnessed anything that concerned them.

The relatives and health care professionals we spoke with raised no concerns, but told us they would speak to staff if they had any concerns.

## Is the service well-led?

### Our findings

At our previous inspection in December 2015 the service was in breach of regulation 17 of The Health and Social Care Act 2008 (regulated activities) regulations 2014. We found systems to monitor the quality of the service provision were not effective.

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission. 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.

There was a structured team in place to support the registered manager. This included three deputy managers who each had responsibility to oversee one house. There was a housekeeper, senior care staff and care staff.

At this inspection we found the registered manager had implemented effective systems to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager. They told us they completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans. We saw a variety of audits and it was clear from talking with staff that any actions identified were addressed. We found standards had considerably improved since our last inspection. For example management of medicines the systems in place to monitor this ensured these standards were maintained. The new systems were becoming embedded into practice to sustain improvements.

We also found systems were in place for managing safeguarding concerns and incidents and accidents. From discussions with staff it was evident that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. At previous inspections the number of reported incidents had been high, at this inspection we saw effective management of incidents had been introduced. This had significantly reduced the number of incidents. Staff we spoke with confirmed the incidents had reduced and this was because better management and training had been implemented.

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked well as a team and they all helped each other. They told us they felt the management team were approachable and listened to their concerns and ideas for improvement. One staff member said, "It is so much better, a big difference, I actually enjoy coming to work now." Another staff member said, "It's a lot better than it was we have more staff meetings and better communication." □

Staff told us that they received regular supervision and support. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held. There were also key worker meetings involving the people who used the service, which ensured people's voice was heard.

Questionnaires were used to gain the views of people using the service, relatives and visiting professionals. We saw people had responded to the set questions in a positive way. The outcome of the surveys was available.

We saw company policies and procedures were in place to inform and guide people using the service and staff. They had been reviewed and updated regularly to make sure they reflected current practice.