

J C Care Limited

# The Whitby Scheme

## 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

This inspection took place on 5 December 2017 and was unannounced. This meant the registered provider did not know we would be visiting the service. A second day of inspection took place on 13 December 2017 and this was announced.

The Whitby Scheme is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Whitby Scheme accommodates 35 people across three separate homes, each of which have separate adapted facilities. Abbey House is the most recent addition and accommodates six people, Haven House accommodates six people, Anchor House can accommodate eight people and Endeavour House can accommodate 15 people. Three of the houses are situated close to one another around a courtyard with the fourth located about half a mile away. At the time of our inspection, 33 people were using the service.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

There was a registered manager in post who assisted throughout the inspection.

Safe recruitment process had continued to be followed and appropriate pre-employment checks had been completed. A safeguarding policy was in place and staff were aware of the process to follow if they had any concerns. Risk assessments had been developed to reduce the risk of harm occurring. There was a sufficient number of staff on duty to support people.

Medicines had been stored, administered and recorded appropriately. Staff had received medicines training and had their competencies assessed by a senior member of staff. Person protective equipment such as gloves were available to staff to promote good infection control practice.

New staff had completed an induction to the service. Staff training records were up to date and specialist training had also been provided. Regular supervisions and appraisals had been conducted by management and staff told us they felt supported within their role.

People were empowered to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service support this practice. Consent to care and treatment was clearly documented and appropriate authorisations were in place when people lacked capacity to make decisions.

People were supported to maintain a balanced diet and people had access to their own GP and other healthcare professionals to promote their health.

People were supported to remain as independent as possible and there was clear emphasis on helping people maintain daily living skills. People were treated with dignity and their choices were respected by staff.

Initial and on-going needs assessments were completed. Transition periods were accommodated to ensure people could move smoothly between services. Care plans had been developed and included background information centred on the individual. There was a complaint policy in place which was displayed around the services in easy read format.

People gave us positive feedback about the management team. There were systems in place to monitor the quality of the service. People were given the opportunity to feedback about the quality of care they received. We saw the management team responded in a timely manner to any feedback provided to enable the service to continuously improve.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# The Whitby Scheme

## 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 December 2017 and was unannounced. A second day of inspection took place on 13 December 2017 which was announced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The area of their expertise was in care of people with learning disabilities and autism spectrum disorder.

As part of planning our inspection, we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The provider had submitted the PIR within the required timescales.

We visited all four of the services registered under the location The Whitby Scheme. We were given a tour of the facilities including people's bedrooms when people gave permission.

During the inspection, we reviewed a range of records. These included three people's care records containing care planning documentation and daily records. We also viewed a number of medicine records and medicine storage facilities. We looked at four staff files relating to their recruitment, supervision, appraisal and training.

During the inspection process, we spoke with seven people who used the service, eight members of staff including the registered manager and both deputy manager.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. Comments included, "I am safe here. They look after me" and "I feel safe. I have a key to my room and I lock my door when I want to. I have help to keep me safe."

Staff had received training in safeguarding and all staff spoken with were able to describe what action they would take if they suspected abuse was taking place. Information regarding safeguarding was available to people around the services, in easy read and large print.

Risks to people had been assessed and detailed risk management plans were in place to guide staff and reduce the associated risks. These plans had been reviewed on a monthly basis and updated as required.

Servicing and maintenance records were up to date and it was clear that regular checks were conducted in areas such as fire safety, electrical and gas safety and infection control.

Safe recruitment processes had been followed. We looked at three staff files and found they all contained the required pre-employment checks before new staff began working at the service.

Staff had received training in infection control and a champion in this area was in place. The champions conducted monthly checks of the service to ensure good infection control practices were being followed. Any action needed was reported to management and action plans put in place.

We found medicines were stored and administered safely. People told us they received their medicines as prescribed and records we looked at confirmed this. Staff had their medicine competencies assessed to ensure they had the required skills to administer medicine safely.

Staff prompted people who used the service to follow good infection control practices. We identified that appropriate hand washing facilities were not available at Endeavour house. We discussed this with the registered manager who took immediate action to correct this. We also found that some work surfaces were worn and it would not be possible to clean effectively. The registered manager told us this was something they had identified and refurbishment plans were in place. Communications we received following the inspection confirmed this.

## Is the service effective?

### Our findings

New staff were required to complete an induction when they first joined the service which covered the main principles of caring for people as well as training the provider considered to be mandatory. Additional specialist training was also provided to staff. Staff training records evidence that regular refresher training was provided to ensure staff kept up to date with current best practice.

Staff told us they received regular support from management and records we looked at confirmed this. Supervisions, observations and annual appraisals had all been conducted in line with the provider's policy. Supervision and appraisal provided staff with the opportunity to have one to one discussion with management and raise any concerns or training needs they had. Action was taken when needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that where DoLS authorisations were required these had been requested. A tracker was also in place so renewals could be requested in a timely manner.

We checked whether the service was working within the principles of the MCA and found these principles were promoted. MCA assessments and best interest decisions were clearly recorded when people lacked capacity. People were actively included in discussions about their care and we found written consent, to the contents of people's care plans. People were presented with information in a way they could understand, such as easy read formats. This ensured people had full understanding before making decisions.

People were able to choose their own meals and a system was in place that encouraged them to assist staff with preparation and cooking of these meals. This enabled people to retain and develop daily living skills. A weekly meal plan was in place which had been developed and agreed by people at the weekly house meetings. People spoke positively about the food on offer and we saw healthy eating was promoted.

People's weights were monitored on a monthly basis. We did find that one person had not been weighed as frequently as they should have been. We discussed this with the registered manager who told us they would address this concern immediately.

People were supported to make and attend health appointments. These visits and the advice given were recorded within people's care records. When staff had concerns regarding a person's health, appropriate professionals had been contacted. One professional we spoke with told us, "Staff are brilliant. They couldn't do anymore for people and it is always a pleasure to come to the service."

Abbey, Anchor and Haven House had been refurbished within the past four years and were pleasantly decorated and personalised to people's tastes. We found that at Endeavour House, improvements to the décor were needed as in places it was very worn and lacked personalisation. Refurbishment plans were in place to address this.



## Is the service caring?

### Our findings

Observations throughout the inspection showed staff were kind and caring and had a positive regard for people they supported. People we spoke with confirmed this. Comments included, "The staff are cracking" and "Staff are friendly, open, fantastic people and funny. I like all of them."

People were supported to remain as independent as possible and there was clear emphasis on helping people maintain daily living skills such as cooking, cleaning, shopping and managing their finances. The registered manager told us how they hoped some people could eventually move back into the community with support. They said, "We work with people to develop skills. This can take a long time but people do progress and achieve their outcomes." Care plans detailed how to support people to remain as independent as possible and we saw staff promoting this throughout the inspection.

One person was able to manage their own finances but struggled to understand some aspects of money management. As a result, it had been suggested by staff that this person participate in a mathematic course at the local college. Their progress had been recorded and it was clear that this had a positive impact on the person's ability.

We found staff demonstrated a positive regard for what was important and mattered to people. It was clear staff were familiar with peoples likes and dislikes and were involved in the planning of their care.

People were able to choose staff they wished to accompany them on outings. The registered manager told us, "Everyone has a key worker but people are able to choose which staff they would prefer to support them with outings. For example, if a person wants to go clothes shopping they may want to choose a member of staff who has the same dress sense as them. We encourage them to make their own decisions as much as possible."

Staff had an understanding of how to promote people's dignity and privacy. People told us their bedroom doors could be locked if they wished and they had access to a key. We observed staff knock on people's doors before entering and close doors when personal care support was been provided.

Information was available about the use of advocacy services to help people have access to independent sources of support when required. The registered manager told us advocacy services had been used in the past and they were in the process of sourcing an advocate to support a person to make decisions around medical appointments.

## Is the service responsive?

### Our findings

We observed staff to be responsive to people's needs and people told us support was delivered in a way they wanted. Comments included, "They are very good. I can do what I want within reason" and "I have weekly meetings with staff and talk about what I want to do the following week. I always decide and staff give me ideas."

Due to the complex needs of some people at the service, initial and on-going assessments and long transition periods were required to ensure people could move smoothly between services. For example, we found where people were moving from another service to The Whitby Scheme this was well managed. Professionals we spoke with confirmed this. The said, "We work together as professionals to ensure the transition is as smooth as possible. I cannot fault the staff here at all. They manage transitions really well."

Care plans had been developed and included background information centred on the individual. Information included personal history, current and past interests, keeping in touch with people and communication needs. We also noted that records included information on the person's next of kin, important contacts, information of any allergies and people's aims and goals. These plans were reviewed on a monthly basis with people.

People told us they had access to information and this was given to them in a way that they understood. One person told us, "I have a care plan and it has been done in pictures so I understand what it means." Another person had written a life history document for staff and it contained details that the person thought was relevant to staff and their life experience they wished to share.

People were supported to choose activities that were of interest to them. Some people received one to one support from staff and had weekly activity plans in place. There was an activities room at Endeavour house which people could use as they wished and we observed staff spending time with people playing board games, watching TV and having general chats.

The activities on offer varied and included visits into the local community, trips to shopping centres and leisure facilities as well as visits to concerts, museums and participating in charity events. All the people we spoke with were happy with the activities on offer and the support they received to access the community.

At the time of our inspection, the service had received no formal complaints. However, when informal concerns had been raised these were recorded on the provider computer system as well as any remedial action taken. There was a complaint policy in place which was displayed around the services in easy read format. All the people we spoke with told us they knew how to raise a complaint.

## Is the service well-led?

### Our findings

There was a manager in post who registered with CQC in October 2010. 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 range of quality assurance tools in place to monitor and improve the service. The majority of these were completed by the deputy managers on a monthly basis with oversight from the registered manager. Other staff had also been encouraged to participate in quality assurance checks and champion roles were in place for areas such as infection control, eye care and medication. The champions took responsibility in conducting monthly checks in their specialist area and reporting their findings and action they planned to take to the deputy and registered manager. The registered manager told us, "I want to encourage staff to progress and this gives them more responsibility and they have all thrived from it."

Staff and people spoke positively about the management and it was clear from our observations that people were comfortable in approaching the registered manager at any time. Staff we spoke with told us they were well supported and able to share ideas. One member of staff said, "I have no problem approaching any of the management. They always listen and we are encouraged to share new ideas. If I think of something that may benefit people it is introduced and tried

During the inspection, we reviewed records related to the running of the service and found these were well maintained and stored securely. The registered manager spoke passionately about the service, the support they provided to people and the progression people had made due to the support they received. It was clear an open door policy was in place as staff and people entered the registered manager's office throughout the inspection for general advice or chats about their day.

People told us they provided feedback about the service on a regular basis. One person said, "We fill in feedback sheets about the staff and other things." We found questionnaires had been submitted to people on a regular basis and 'your voice' meetings took place monthly. These meetings allowed people to discuss anything they wished including activities, meals and any concern people may have had. Actions from the previous meeting were also discussed. This meant people who used the service were involved and their suggestions acted upon that promoted continuous improvements in the service.

We found regular team, staff and management meetings had also taken place. Staff we spoke with confirmed this. Staff meetings were also used as an opportunity to discuss any organisational updates to ensure staff were aware of any changes

The staff team had built strong working relationships with other professionals. They had links with professionals at local mental health hospitals and the registered manager spoke positively about how they worked in partnership. This ensured people remained safe and able to live in the community. They told us, "If we work as a team we can achieve anything."

