

W H C Services Limited

WHC Offices

Inspection report

2nd Floor, Broxbournebury Mansion
White Stubbs Lane
Broxbourne
Hertfordshire
EN10 7PY

Tel: 07415219639

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 01 May 2018 and was announced.

WHC Offices are located in Broxbourne in Hertfordshire. The service is registered to provide a supported living service for people with learning disabilities or autistic spectrum disorder, people with eating disorders, younger adults and people living with mental health conditions.

People live in their own homes and receive 24 hour support to enable them to live their lives as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support including help with tasks related to personal hygiene and eating. At the time of this inspection two people received personal care from WHC Offices.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This is the first inspection of this service since the provider registered with CQC on 05 June 2017.

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

We found that some records such as care plans and audits would benefit from further development. The provider did not have a formal system of quality assurance surveys in place at this time. Staff members told us they were proud to work for WHC Offices and said that the management team was approachable and that they could talk to them at any time. The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. The service had an open and transparent culture with all relevant external stakeholders and agencies.

People's safety was promoted because staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Risks to people using the service or the staff team were assessed and plans put in place to mitigate them. Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting to work at the service. There were enough staff members deployed to meet people's needs in a timely manner.

The arrangements for the management of people's medicines were robust. The provider had appropriate infection control procedures in place.

People received effective care because they were supported by a staff team who received regular training and support and had a good understanding of people's needs. The provider, registered manager and staff understood the requirements of the Mental Capacity Act (MCA) and what this meant on a day to day basis when seeking people's consent to their care and support. People were supported to maintain a healthy diet as part of their support plan and staff supported people to access healthcare appointments as needed.

People received their care and support from a stable team of care workers which helped to ensure that people's dignity and privacy was respected. The registered manager visited each person on a weekly basis to assess their continued satisfaction with the service. People's personal and private information was stored appropriately in accordance with data protection guidelines. Independent external advocates were involved in people's lives to support people who did not have capacity to raise and communicate their wishes.

People's care plans specified what care and support they needed. Care plans were kept under regular review and updated whenever people's needs changed. People were supported to go into the local community and to take part in activities that they enjoyed and wanted to do. The provider had a complaints policy and procedure however, had not received any formal complaints since the service had been operating.

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.

Staff were trained to recognise the various forms of abuse and encouraged to report any concerns.

The registered manager monitored accidents and incidents and analysed any trends so that further occurrences were minimised.

Assessments were undertaken to identify and manage any risks to the person using the service and to the staff supporting them.

Staff were knowledgeable about people who sometimes acted in a way that could challenge others.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting to work at the service.

There were enough staff members available to meet people's needs.

The provider and registered manager operated an on call system outside of office hours to provide additional support for staff and people who used the service as needed.

The arrangements for the administration of medicines were robust.

The provider had appropriate infection control procedures in place and personal protective equipment (PPE) was available in people's homes for staff to use.

Is the service effective?

Good ●

The service was effective.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs.

Staff received regular support from the registered manager and

were always able to access support from the management team if needed.

The provider, registered manager and staff understood the requirements of the Mental Capacity Act (MCA) and what this meant on a day to day basis when seeking people's consent to their care and support.

People were supported to maintain a healthy diet as part of their support plan.

Staff supported people to access healthcare appointments as needed.

Is the service caring?

Good ●

The service was caring:

People received their care and support from a stable team of care workers which helped to ensure that people's dignity and privacy was respected.

Staff understood when people needed or wanted help when making decisions about their care and support and provided help in a way that was sensitive to each person's individual needs.

The registered manager visited each person on a weekly basis to assess people's continued satisfaction with the service.

People's confidential information was protected appropriately in accordance with data protection guidelines.

Independent external advocates were involved in people's lives to support people who did not have capacity to raise and communicate their wishes.

Is the service responsive?

Good ●

The service was responsive:

People's care plans specified what caring interventions were needed and where people needed assistance from care staff to encourage them to retain or develop independent life skills.

People's care plans were kept under regular review and updated whenever their needs changed.

People were supported to go into the local community and to

take part in activities that they enjoyed and wanted to do.

The provider had a complaints policy and procedure however, had not received any formal complaints since the service had been operating.

Is the service well-led?

The service was not always well led:

Some records such as care plans and audits would benefit from further development.

The provider did not have a formal system of quality assurance surveys in place at this time.

Staff told us they were proud to work for WHC Offices.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

Staff told us that the management team was approachable and that they could talk to them at any time.

The service had an open and transparent culture with all relevant external stakeholders and agencies.

Requires Improvement ●

WHC Offices

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 01 May 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in the office to support us with the inspection. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us 04 April 2018. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Inspection activity started on 01 May 2018 and ended on 04 May 2018. We visited the provider's offices on 01 May 2018 to meet with the registered manager and to review care records and documents central to people's health and well-being. These included care records relating to two people, recruitment records for two staff members, staff training records and quality audits.

Subsequent to the visit to the office location we contacted external stakeholders for their feedback and spoke with two staff members to confirm the training and support they received. We also spoke with relatives of two people who used the service to receive their feedback on the service that people received.

Is the service safe?

Our findings

People's relatives told us they felt people were safe in the care of WHC staff team. One relative said, "I feel [person] is definitely safe in the care of WHC staff. They have knowledge of the condition [person] lives with which helps to give me confidence."

The provider had arrangements in place to help keep people safe and to reduce the risk of abuse. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. The registered manager monitored accidents and incidents and analysed any trends so that further occurrences were minimised.

Assessments were undertaken to identify any risks to people using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to their care and support needs. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, for people who could display behaviours that may challenge others the risk assessments took into account members of the public that may be in the vicinity.

Individual risks had been identified and appropriately managed for each person. The registered manager told us in the provider information return, "We strive, whenever practical to do so, to involve the Service Users themselves in matters which relate to reducing risks to themselves. They are encouraged to come up with ideas that will better safeguard their overall wellbeing and safety." Care files contained individual risk assessments which identified any risks to the person and provided instructions for staff to help manage the risks. These risk assessments covered areas such as, moving and handling and falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe.

Staff had a detailed understanding of their role and there were effective procedures in place to help ensure people were safe. For example, it was specified how many staff needed to support people in their home and when going out to participate in the local community. This was in line with their assessed needs.

Staff were knowledgeable about people who sometimes acted in a way that could challenge others. Care records included risk assessments regarding people's behaviour that may put themselves or others at risk. Information and incidents regarding people's behaviour were recorded and reviewed and actions to help ensure people and staff were safe were then put in place. Referrals were made to relevant health or social care professionals and extra training was put in place for staff if appropriate.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting to work with the service. These included criminal record checks and at least two satisfactory references. Discussion was held with the provider and registered manager about

implementing good practice whereby references are verified with the referee to confirm they are genuine.

There were enough staff members available to meet people's needs. The management team told us that people received their care and support from the same team of care workers. Records showed that there were 12 staff members employed to meet 24 hour live in care and support needs of two people. The provider said, "We don't, and won't use agency staff."

The provider and registered manager operated an on call system outside of office hours to provide additional support for staff and people who used the service as needed.

The arrangements for the administration of medicines were robust. Care plans stated what medicines were prescribed and the support people would need to take them. Where the service provided support to people with particular health conditions, the staff team was trained in administering particular medicines, for example for the treatment of epilepsy. The registered manager checked the medicine administration records (MAR) weekly. A discussion was held about the benefits of a monthly complete audit of medicines so that the registered manager and provider could be satisfied that people received their medicines safely.

People were supported to maintain as much independence as possible with their medicines. For example, one person who used the service was prescribed insulin injections. The person prepared the syringe and injected themselves with staff supervision to make sure the process was done safely.

The provider had appropriate infection control procedures in place and personal protective equipment (PPE) was available in people's homes for staff to use. The staff team had received suitable training about infection control and the registered manager visited each person in their home each week and checked that the environment was fresh and that sufficient stocks of PPE were available.

The registered manager had been in contact with the local fire authority in order to request a safety assessment of each person's home. Staff told us that fire alarms were installed in people's homes and were tested weekly. The registered manager advised that the training provider had included a module about fire safety which some of the staff team had completed and the rest were due to do so.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. The provider used an external training company to deliver a suite of training designed to meet people's personal and social care needs. A staff member told us, "I am currently in the process of completing the care certificate, I am booked to attend some training relating to a person's specific health condition and we have been told we will be undertaking a nationally recognised vocational qualification. So, yes, we get plenty of personal development." Training records showed staff had received training in a variety of topics including, moving and handling, safeguarding adults, medicines, epilepsy and other specific health conditions.

New staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had 'shadowed' existing staff until they felt ready to work on their own. One staff member told us, "New staff members meet with the people who use the service and gradually increase the amount of time they spend with them until all parties including the person, the management team and the staff are comfortable."

Staff received regular support from the registered manager and were always able to access support from the management team if needed. Formal supervision meetings had been recently introduced and provided a regular formal opportunity for staff to reflect on their practice, discuss personal development and share information about any observed changes in people's needs. Staff told us they felt they were supported in their role and if they had any queries they would be able to approach a member of the management team without hesitation. One staff member told us, "I really do feel supported, that is the reason I like working for WHC. If the [registered] manager is not available then [Name of provider representative] is."

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. The provider, registered manager and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care. People who used the service at the time of this inspection were subject to Court of Protection orders. The Court of Protection exists to safeguard vulnerable people who lack the mental capacity to make decisions for themselves. These decisions may relate to the person's finances or their health and welfare.

The registered manager told us in the provider information return, "With the exception of the issues that the Court of Protection has deemed people do not have capacity to manage themselves, all other aspects of their daily lives are fundamentally governed by what they as individuals may wish/ choose to do or indeed not do as the case may be."

The people who used the service did not have the capacity to give their consent to care. The registered manager said that staff had built up trust with people during the extended period of transition into supported living and had a clear understanding of how to provide the care in accordance with people's wishes. The registered manager told us that if a person refused to have personal care that staff would talk with them and gently persuade them of the need for personal care to help keep them safe and well.

The registered manager and provider attended regular reviews together with other stakeholders such as advocates, relatives, mental health team and intensive support team in order to make best interest decisions on behalf of people who used the service.

The provider had not commenced any new packages of care in recent times. However, when a new placement was considered the registered manager assessed the person's needs and worked in partnership with their relatives, advocates and external health and social care professionals to ascertain how the service could meet their wishes and expectations. People's care plans were developed from this range of assessments and the provider told us that extensive transition periods were used in order that people's needs could be clearly understood and that all parties could be confident that people's specific needs would be met. The provider told us that they would insist on a minimum of three months transition period. They said, "We need to fully understand the person's needs and family dynamics. The person needs to get comfortable with the staff that will live with them to provide their care." They went on to say how important a good assessment and transition period was saying, "You have to build the care package around people's different personalities."

People were supported to maintain a healthy diet as part of their support plan. People who used the service lived with conditions that were governed by food. People's weights were monitored weekly to help ensure that the regime in place was appropriate to meet their individual needs and there was regular input from external dieticians. Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

Staff supported people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included GPs, dieticians and the learning disability intensive support team to provide additional support when required. Care records showed staff shared information effectively with external professionals and involved them appropriately.

Records showed that WHC Offices worked effectively with other health and social care services to help ensure people's care needs were met. We saw the service had acted to ensure people's needs were recognised by health professionals. The management team had detailed knowledge of people's health needs and maintained contact with professionals to access guidance as needed.

The registered manager told us in the provider information return, "Because of the rare nature of the medical conditions of our Services Users have we provide a grab pack of important information that can be provided to NHS clinicians who may be required to care for either Service User but have little to no prior knowledge of their long term primary conditions. We have also developed close working relationships with local NHS providers to help ensure any needs for referrals by either Service User runs as smoothly as possible and, most importantly, without delay." This showed that the provider and registered manager were committed to ensuring people received the medical support they needed.

Is the service caring?

Our findings

Relatives told us they were satisfied with the staff that provided people's care and support. One relative told us, "The support staff are really wonderful, the best we have ever had. If I had any problem they would create the solution."

People received their care and support from the same team of care workers. The registered manager told us that this helped to ensure that people's dignity and privacy was respected and that staff knew the people they looked after well and could build lasting relationships. A relative told us, "I trust the staff, they are very caring. [Person] is so fortunate they have an established team of four staff to support them. [Person] knows the staff really well as do I. [Person] looks at the staff team as extended family, I have never come across a staff member that I have been wary of."

The management team told us how they had provided support to enable a person's relatives to visit the person when they had been an inpatient in hospital.

The registered manager told us in the provider information return, "We are aware that we are living in someone else's home. Yes our being there is what allows the person to have their own home but it is vital that we always respect the fact it is their property and as such theirs to run and live their life in as they deem appropriate within the boundaries created by their medical conditions and any restrictions created by Court of Protection orders." The management and staff confirmed to us that their workplace was people's own home and as such needed to be respected. The registered manager told us, "It is people's home, we are intruding. For example, if the doorbell or the phone rings they are encouraged to answer it."

The registered manager told us, "Our clients are very aware of their dignity." We were given an example where a person always went out of the home with an emergency change of clothing which was to promote their dignity in the event of any incidents. The gender of care staff provided was determined by people's needs. The registered manager told us that people made it very clear as to the gender of care staff they would accept and this was adhered to.

Staff understood when people needed or wanted help when making decisions about their care and support. They provided help in a way that was sensitive to each person's individual needs and encouraged support and involvement. One staff member told us, "It is really important that [person] is supported to develop their decision making skills as they have not always been able to do this in the past."

The registered manager visited each person on a weekly basis to assess people's continued satisfaction with the service.

Paper versions of people's support plans were held in their home and a copy was also stored electronically. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Independent external advocates were involved in people's lives to support people who did not have capacity to raise and communicate their wishes.

Is the service responsive?

Our findings

Relatives of people who used the service told us that the staff and management of WHC kept them involved and up to date with people's needs. One relative said, "If they [staff] had any concerns they would get in touch with us straightaway. The management have visited me at home to make sure I was satisfied with the support [person] receives."

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. People's care plans recorded each person's specific needs and outlined their routines at various points throughout the day. For example, the morning routine, lunch and evening routine.

People's care plans specified what caring interventions were needed and where people needed assistance from care staff to encourage them to retain or develop independent life skills. Staff had worked closely with people and had developed a deep understanding about how best to provide a person's care in such a way that met their emotional and behavioural needs. Staff spoke knowledgeably about how people liked to be supported and what was important to them however, this level of detail was not always recorded in care plans. A discussion was held with the provider and registered manager around further developing the care plans to include specific detail about how to meet people's needs.

People's care plans were kept under regular review and updated whenever their needs changed. Records of people's day to day care and support were completed electronically and made accessible to the management team on a daily basis. These records evidenced the details of the care provided, food and drinks the person had consumed as well as information about any observed changes to people's demeanour or care needs and advice provided by professionals. These records were reviewed by the registered manager and provider as part of people's care review process and part of the service's quality assurance processes.

People were supported to access the local community and to take part in activities that they enjoyed and wanted to do. For example, a person had asked to go to the zoo as they had never been before. The registered manager said it had been a delight to see the joy it brought the person seeing all the different animals. Examples of other outings undertaken included trips to the seaside, visiting the pub, going to the library, going shopping, attending a sports club, going to Church, doing some gardening and visiting a bird sanctuary. A person's relative told us, "[Person] has a wonderful life now with the support of staff from WHC. [Person] has been away on holiday which takes a lot of encouragement from the staff. They (staff) are good at motivating [Person] and have developed strategies to involve them in making plans."

The registered manager told us in the provider information return, "The area we are working hardest on at the moment is helping people to become more involved in activities away from their home; whilst always being cognisant that, just like the rest of us, they will have days when they just want to stay indoors." An example of this was that one person had been supported to obtain a Motability vehicle. The person was accompanied to car dealerships so they could see what was available to help them make an informed

decision on what make and model of vehicle they wanted. The person had been completely responsible for choosing the specification of the car. This showed that people were empowered to make choices and have as much control and independence as possible.

The registered manager reported that one person had indicated that they would like to go away on holiday. To help bring this about slowly and gently there were plans to have a 'taster' night at a local resort before booking a longer stay.

Whilst in their own homes staff spent time with people supporting them to do housework tasks and playing games such as dominoes and cards and watching old movies on television.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history and their cultural background.

The provider was aware that some people were unable to easily access written information due to their healthcare needs. To address this they had implemented 'easy read' (pictorial) formats of certain documents to provide information in a more meaningful way to people.

The provider had a complaints policy and procedure however, had not received any formal complaints since the service had been operating. People's relatives told us that they felt any concerns would be taken seriously. One relative told us, "I have no complaints to make but if I did I am confident that I would be listened to." Another relative said, "We have never had any problem but would be confident to raise anything with the management team if I needed to."

Is the service well-led?

Our findings

Some records viewed as part of this inspection would benefit from further development. These included records such as care plans and routine checks undertaken by the registered manager and provider. The registered manager visited each person in their own home at least weekly to help ensure that people and staff were safe. At these visits the registered manager reviewed the medicines, care records, the general environment and health and safety. However, these visits and findings had not been formally recorded. We discussed overall governance of the service and whilst it was clear there were continuous checks being made to confirm people's safety and welfare there was no evidence to confirm this. It was clear from discussion with the management and staff that safe care was provided and staff understood people's individual needs and preferences however, records were not comprehensive and did not always evidence this. The registered manager and provider undertook to further develop the system of recording in the service.

The provider did not have a formal system of quality assurance surveys in place at this time. The management team spoke of a significant number of interactions with relatives and a range of stakeholders and a discussion was held about how to formally capture feedback from these interactions. The registered manager told us in the provider information return, "We openly encourage feedback, and regularly receive it from people, staff and other stakeholders about the service delivered and whether there are any changes that can be made to make it more responsive. It is fair to suggest this feedback, to date, has generally been provided somewhat low key coming via conversations or via multi-agency review forums." The registered manager and provider undertook to develop a formal system of quality assurance surveys.

Relatives of people who used the service told us the service was well managed. One relative told us, "I am very confident in the registered manager, I am able to contact them at any time by phone or email, the communication is really good. I am very happy that [person] is where they are, they live in a lovely home with lovely support, [person] couldn't be in a better place than they are." Another relative told us, "I would definitely recommend the service to other families in the same situation."

Staff told us they were proud to work for WHC Offices. One staff member said, "WHC are a really good company who are working very hard to provide the best care possible. I would unreservedly recommend WHC to staff looking for this type of work. I have worked in a variety of other settings in my career and this company is one of the best."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships.

The registered manager had recently completed the Level 5 Diploma in Leadership for Health and Social Care 2018 and was considering undertaking a train the trainer course for adult safeguarding in order to enable them to provide training in this area for the staff team. This showed that the registered manager was committed to increasing their skills and knowledge to benefit the people who used the service.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. One staff member told us, "We, as staff, are really listened to, very much so."

The staff team supported people with 24 hour care in their own homes. The team was made up from staff living across the country and the management team reported that this created barriers to having regular whole team meetings. The registered manager and provider told us they created opportunities for groups of staff to meet at handovers and whenever practicable.

There were management meetings held frequently between the registered manager and the provider to discuss such issues as recruitment, the performance of the service and any matters arising.

Routine audits undertaken by the management team included a quarterly review of care plans and risk assessments. However if it was needed the reviews were more frequent. Care logs were completed by staff daily and submitted to the management team electronically. We reviewed a sample of these and found they were personal to each individual and provided a clear overview of how the person had spent their day and their wellbeing.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had not had occasion to inform the CQC of any significant events at the time of this inspection.

The service had an open and transparent culture with all relevant external stakeholders and agencies. It worked in partnership with key organisations to support care provision and service development. This included working with local specialist advisors and clinical professionals in supporting people with their care needs. An example given was where the provider had worked closely alongside the local authority to help make sure a person's rented accommodation was suitable to meet their specific needs.