Care Quality Commission

Whitmore Vale Housing Association Limited

The Old Manse

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was announced. 48 hours notice of the inspection was given because the service is small and the registered manager is often out of the office or providing care. We needed to be sure that they would be in. The last inspection was undertaken on 10 January 2014 and no concerns were identified.

The Old Manse is a supported living service and provides personal care and support for adults and elderly people with learning disabilities and autism at three different sites in the Hindhead area. One was a shared house, one site was purpose built flats and one was a large building with individual bedrooms with shared communal living. The service enabled people to maintain and develop their skills to maintain their independence.

Summary of findings

On the day of our inspection there were 15 people using the service. There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe and well looked by staff who attended to their needs. They said they knew which staff was coming to support them with their personal care and they would be informed if there was a change of staff due to sickness or annual leave.

We saw that staff had received training in relation to keeping people safe from abuse and staff spoken with had a clear understanding of the processes to be followed should they suspect or witness abuse. Staff told us they would not hesitate to follow the provider's whistle blowing policy to report any bad practice they saw.

Staff were knowledgeable about the Mental Capacity Act 2005 and knew when it would be appropriate to arrange best interest meetings for people should they be required. Staff were up to date with current guidance to support people to make decisions. Any restrictions placed on them was done in their best interest using appropriate safeguards.

Relatives of people were complimentary about the care their family member received from staff at the service. All had positive comments about the service and care their family member received.

People had care and health action plans that ensured their assessed needs would be met. Relatives of people confirmed that they had been involved with the care plans. There were risk assessments in place to enable people to take part in activities with minimum risks to themselves or others.

People had care plans to ensure staff undertook people's individual assessed needs. People received the care and support as and when required. People were supported to do their food shopping and to plan and cook the meals they had chosen. We saw people were offered support in their homes with the preparation and cooking of meals. People were complimentary about the staff. They told us that staff treated them with respect and dignity and their privacy was respected by staff.

People told us they knew how to make a complaint and they would talk to the manager if they ever had the need to make a complaint. One person told us they had made a complaint and the registered manager resolved this for them. They stated they were very happy with how it was dealt with and the outcome.

The provider had a clear set of values that included the aims and objectives, principles, values of care and the expected outcomes for people who used the service. The service had quality assurance systems in place. These ensured people continued to receive the care, treatment and support they needed. Staff, relatives and other external health and social care professionals told us that they believed the service was well led by the registered manager.

Summary of findings

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 supported by enough staff who knew them well?

Staff spoken to had a good understanding of how to keep people safe, how to recognise abuse and the procedures to be followed should they suspect or witness abuse.

We found the service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received the appropriate training, and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service effective?

Good

The service was effective. People had access to the health care professionals they needed. For example, GP, dentist, opticians and Community Learning Disability Teams. We saw that people had an annual health check undertaken with their GP.

Staff received essential training that ensured they had the skills and knowledge to provide effective care to people. Staff were aware of people's needs and how to effectively support them. People were enabled to plan their own meals, purchase their food and cook their meals with support as and when required.

Is the service caring?

Good

The service was caring. People's care, treatment and support was planned and delivered in line with their individual care plan. Family members were included in the development of care plans.

People were involved in making decisions about their care, support and treatment. They were supported to access external associations to help empower their independence and their disability needs.

Staff knew the personal histories, likes, dislikes, sexuality and religious beliefs of people they supported. People's needs of expressing their sexuality was respected by staff.

Is the service responsive?

Good

The service was responsive. People who used the service had personalised care plans that were regularly reviewed. These included health action plans.

People were made aware of the complaints system. This was provided in a format that met their needs. People who used the service were provided with a pictorial complaints procedure that was in the service user guide they had in their bedrooms. This showed us that people were provided with information in a format they could understand.

Is the service well-led?

Good

The service was well led. The provider had systems in place to regularly assess and monitor the quality of service people received.

The provider had a clear set of values that included the aims and objectives, principles, values of care and the expected outcomes for people who used the service.

Summary of findings

People who use the service, their representatives and other associated professionals were asked for their views about the care, support and treatment provided by the service. We saw comments on most recent surveys that had been returned to the service. We noted that comments on the surveys were positive.

The Old Manse

Detailed findings

Background to this inspection

The inspection team consisted of two inspectors. We undertook a visit on 6 August 2014. We spoke with three members of staff, the registered manager and seven people who used the service. We used an expert by experience who spoke with seven relatives to gather their views about the care, treatment and support provided to their family members who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We observed staff interactions with people and supporting them with their activities.

Before our inspection we reviewed the information we held about the home and contacted commissioners and other associated health and care professionals to obtain their views about the service. We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern.

We observed people in their houses and staff interaction with people. We read care plans for three people, four Medicine Administration Records, audits undertaken by the provider and other external professionals, the training matrix for nine staff who worked at the service, three staff recruitment records, minutes of resident meetings, and a selection of policies and procedures.

Good

Is the service safe?

Our findings

People told us that they felt very safe with staff who helped them with their personal care needs. One person told us, "I am very happy with staff." Another person told us, "Staff are very pleasant. If I felt unsafe I would talk to the manager and let her know."

Relatives told us they thought their family member was safe at the service. One relative told us that their family member would tell them if they were unhappy or "They would know if he was unhappy."

The registered manager and staff were knowledgeable about safeguarding adults from abuse and the reporting process to be followed when suspicions of or actual abuse had occurred. They were aware of the different types of abuse. Staff told us they had received training in relation to safeguarding adults. We saw evidence of this in the staff training programme that was provided to us. The service had a safeguarding and whistle blowing policy in place and staff confirmed they had read and understood the policy. A copy of the local authority's safeguarding procedures was also available that included the contact details for the local safeguarding team. We saw leaflets were available in each of the houses and the office entitled 'Keeping safe' that included contact details of the local safeguarding board should any person wish to report a safeguarding incident. Staff told us that restraint was not used and restrictions were not placed on people.

People had weekly tenants meetings with the registered manager and staff meeting. These provided people with the opportunity to discuss how they felt they were cared for by staff. We looked at a sample of the minutes of these meetings. Minutes covered topics such as abuse and what to do if they felt they had been abused. Different types of abuse were discussed and how people could recognise the types of abuse. We saw minutes of these meetings had been produced using symbols and pictures. This helped people to understand the contents of the minutes. This showed us that the provider ensured information was available to people in a format they could understand.

Staff worked with people to help them achieve their goals with minimum risk. Risk assessments were in place to enable people to take part in activities with minimum risks to themselves or others. For example, risks in relation to going on a holiday, managing personal care, nutrition and diet, finances, fire safety and communication. Risk assessments were reviewed on an annual basis, or as and when needs changed.

Staff told us they had received training in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. (DoLS). Training records confirmed this. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. However in supported living services the process of applying for a DoLS involves the court of protection. Staff were able to tell us that if a person lacked the capacity to make decisions then best interest meetings would be arranged. Staff were aware of the five statutory principles in relation to making decisions under the Mental Capacity Act 2005. The registered manager told us that all people have the capacity to make their own decisions. This showed us that staff were aware of procedures to be followed and that decisions would not be made by staff who attended to the personal care needs of people. People were able to come and go as they pleased, there were no time restraints or rules about what they could or could not do. For example, people were able to go out for a night to the local pub by themselves or with their friends.

Staff at the service obtained people's consent to the care and support they provided. The service had a policy on consent. Staff told us they would not do anything for people without their consent. For example, we observed a member of staff asking a person if they would like help with their shaving. People told us they do the things they wanted to and staff would never put any restrictions on them. One person told us, "I am going on a day trip with two of my friends." Another person told us, "I go out on my own."

The provider had a recruitment policy for the service that was followed when recruiting staff. The policy stated that people who used the service would be involved in this process. This was confirmed during discussion with staff and people who lived here. Staff told us they believed the recruitment process was fair. Staff recruitment records included all the documents required. This showed us that the provider's recruitment and selection procedures were thorough and that helped to keep people safe.

There was a medicines policy that provided clear information for staff to follow to keep people safe. We

Good

Is the service safe?

looked at medicine management to check if safe systems were in place as there had been medicine errors at the service during the last twelve months. Medicine administration records (MAR) charts were in place for those who required support with their medicines from staff. The MAR chart is a record of medicines administered to people by trained staff at the service. Staff sign these records at the time the medicine has been administered to the person. We noted that MAR charts were used appropriately. There were no omissions on the records we looked at. People told us they always received their medicines at the time they needed them. People who self-medicated had risk assessments in place. People kept their medicines in a locked cabinet in their bedrooms at their homes. This meant medicines were managed safely.

People received 'as required medicines' when they needed it. We saw the provider had written individual PRN [medicines to be taken as required] protocols for each medicine that people would take. These provided information to staff about the person taking the medicine, the type of medicine, maximum dose, the reason for taking the medicine and any possible side effects to be aware of. This meant that people would receive their PRN medicines in a consistent way.

Good

Is the service effective?

Our findings

People told us that they thought the staff were trained and they understood how to help them. One person told us, "They have training that sometimes lasts for hours on end." Another person told us, "Staff are very good and know what I like and do not like."

Staff told us they had received all the essential training as required by the provider. We corroborated this when we looked at the staff training records. Training provided had also included the Mental Capacity Act 2005, risk assessments, nutrition and hydration, Asperger's, learning disabilities and National Vocation Qualifications (NVQ). Staff told us that training was always available and it provided them with the knowledge and skills required to carry out their roles. Staff undertook induction training when they first commenced working at the service and they had to successfully complete a six month probationary period prior to being offered a permanent role. This is training that helped them to understand people's needs and gave an introduction to the other essential training. Staff told us they had undertaken other training that helped them perform their duties. For example, staff knew the importance of helping people to choose a healthy and balanced diet.

Staff told us, and we saw evidence, they were receiving regular one to one to one meetings with the registered manager and an annual appraisal. This meant staff were provided with the opportunity to review their performance or identify any training needs they may require.

The registered manager told us that people were matched with staff who had the skills and knowledge to meet people's needs. We were also told that people were able to choose the member of staff they preferred to help them. People told us they liked all staff employed at the service and they were able to choose who helped them.

People were responsible for planning, purchasing and cooking their meals. Support was provided by staff if it was part of the care plan. We noted as part of the scheduled visits that staff encouraged people to prepare and cook their own food. Each person had an assessment undertaken in relation to their nutritional and hydration needs. Where a risk had been identified a risk assessment had been put in place. For example, not eating a healthy diet.

Care plans included a health action plan. They provided information on the current health care needs of the person and all health care appointments were recorded. They also included detailed information in regards to the person's medicine details, nutritional screening tool, and summaries in relation to all their health care needs. For example, audiology, dentist and opticians. This showed us that staff supported people to ensure their health needs were met.

People told us they saw all the health care professionals they needed to. They told us they could make appointments themselves and they also do this with support from staff. One person told us, "I had to go to hospital about my leg when I was on holiday. Staff come to me every morning now to check it is OK." Relatives told us that their family members' health needs were supported on a regular basis. One relative was able to name a variety of health care professionals seen recently. These included the Chiropodist, Dentist and GP. Another relative commented on the quality of support around making health care appointments which was very good.

Good

Is the service caring?

Our findings

People told us they were involved in the planning and making decisions about their care, treatment and support. One person told us, "I know about my care plan and what is in it." Another person told us, "Staff talk to me about my care plan and I have signed it."

Staff told us they involved people and their family in their care by talking with them about the support they would like from staff. They stated care plans were personalised to the individual needs of each person and reviewed with them and their relative. People were able to express their views about their care. For example, daily notes in care plans recorded the key worker had discussed the care plan with the person, and records of their choices had been noted. We saw records of tenants meetings where people had discussed choices of activities, forthcoming events and any concerns they may have had about the service.

People told us staff were kind and they helped them a lot. For example, staff would help them to make and attend health care appointments, help them to plan and make holiday and travel arrangements.

We had discussions with relatives about how they felt their family member was being cared for. Relatives' comments about staff and the quality of care provided included "Staff are very polite," and "Staff have an excellent attitude". Two relatives who did not visit the service described staff as being very positive about their family member when they brought them to visit. Three relatives told us their family member was "empowered" by the service suggesting staff had a suitable attitude. All relatives we spoke with were complimentary about the care their family member received.

Staff we spoke with had a good understanding of the needs of people who they supported. They were able to describe the contents of care plans, how to support the person and risks associated with their daily living. Staff stated they discussed people's hobbies and interests with them so they could support them to continue to take part in and access these. People were supported to follow their hobbies and interests such as swimming, fishing and horse riding

During our observations we saw staff interacted with people in a polite and caring manner. Staff were respectful to people and engaged in conversations with them. We noted that staff waited for a response to their questions from people and allowed them to make choices about what they wanted to do and how they would like to be supported. We saw a member of staff asking a person if they would like help with their personal care need before they progressed with this. The member of staff responded to the person's request for support.

People's privacy was respected. We saw that people had keys to their houses and bedrooms. People showed us their homes and bedrooms. They told us that staff would never enter their bedrooms without their permission, and they would press the front door bell of their homes and wait to be let in. We saw this happen during our visit. Each person had their own personal belongings in their bedrooms of the house. For example, family photographs, their own collection of DVDs and things of personal interest to them.

Staff told us that they would attend to the personal care needs of people in the privacy of their bedrooms/ bathrooms with the doors closed. They told us that a lot of the people were able to be independent with their personal care needs and they encouraged and helped others to be as independent as they were able.

The registered manager told us that people were central to the decision making about their care. Staffing would be adapted to the needs and wants of people. For example, one to one support would be provided when a person required support to attend health care appointments.

People's preferences were respected and supported by staff at the service. Staff knew the religious beliefs, ethnicity, sexuality and disabilities of people they cared for. The registered manager described to us how one person was supported with their sexuality. This included respecting how the person wished to live their life.

Good

Is the service responsive?

Our findings

People told us they could access activities and education. One person told us they attended adult education two days a week. Another person told us they go out on their own and do what activity they want to do. One person told us that they decided for themselves that they wanted to move from a residential placement with the organisation into their supported living accommodation. They had a conversation with the director of the organisation and their request was granted. They were very happy with the outcome as they felt much more independent. They told us they were able to do things that were of interest to them. For example, they were keen on gardening. They showed us the work they had undertaken at the house where they lived. They also showed us the greenhouse they had purchased so they could follow their gardening interest. This showed us that the provider was responsive to the choices and needs of people.

Relatives informed us that they had been included in the care plan for their family member. A number of relatives were able to describe elements of care for their family member. For example, one relative told us, "They support him to be clean and do the gardening." Another relative told us, "They helped him with the planning bit, that's where he struggles." Relatives who had participated in care plans and reviews told us they felt listened to and that their opinions were valued.

People have time with their designated key worker to discuss their views and wishes about their care plans. The registered manager told us that all people have an initial assessment of need undertaken with the person and with their family members. Detailed personalised care plans would be written from these assessments. People could make changes to their care plans whenever they chose to. For example, if they wanted to change the time of their visits.

Care plans were personalised and were regularly reviewed. These included important information about the person. For example, they included the contact details of the person's next of kin, family members and their GP. We saw that care plans had been produced from the pre-admission assessments and they had been signed by people who used the service. Care plans informed how the assessed needs of people were to be attended to. For example, their personal care needs, communication, employment, training, vulnerability, eating and drinking, maintaining a safe environment and understanding their tenancy agreements.

Staff told us they discussed all incidents that had occurred during staff meetings. This showed us the staff would be included in analysing incidents to see what they could learn from them and to prevent a repeat of the incidents. For example, when one person had an accident that involved them banging their head, medical assistance had been sought. The registered manager told us that as a result of this a medical review was requested from the person's GP to rule out any medical condition that may have caused the fall.

People told us that staff never rushed their care when they helped them. They told us that staff stayed for the whole time and they gave them help as described in their care plans.

During discussions staff told us they always had enough time to attend to the assessed needs of people they were assigned to. People lived very close to the main office and each person could be reached by walking. None of the people we spoke with told us of any issues in relation to staff being late or not arriving to support them with their personal care needs. We saw staff rotas during our visit. These included the time allotted to people and the support required for each visit to the person. The registered manager told us the duty rota was based around the needs of the people who used the service and the skills of staff. We were also told that people could choose the staff they preferred to attend to them. This was confirmed during discussions with people. This showed us that people's needs had been taken into account for each visit.

If someone had a complaint there were processes in place so that the complaint could be investigated in a timely manner. People told us they knew how and who to make a complaint to. One person told us, "There are no problems here." Another person told us, "No problems, I have never had to make a complaint. Staff are nice and friendly people."

The complaints procedure was on display at the service. This made people aware of the timescale of the process for responding to and resolving a complaint. It also provided the details of the local independent ombudsman should

Good

Is the service responsive?

they not be satisfied with the outcome of their complaint. People were provided with a pictorial complaints procedure. This was in the service user guide they had in their bedrooms.

Staff told us they would follow the complaints procedure should a complaint be made to them. They would listen and record any complaints they received and would pass the information to the manager. The registered manager told us that staff had sat with people and talked through how to make a complaint, and this was regularly discussed during meetings with people.

Records of complaints were kept at the service. Three complaints had been made, but none were about the service people received from the provider. They were in relation to other people and their behaviours. Records showed how the registered manager had resolved these to the satisfaction of the complainants. The registered manager and staff told us that complaints were discussed during staff and tenants meetings to learn from them and reduce the risk of similar events happening again.

Good

Is the service well-led?

Our findings

People and their relatives were regularly involved with the service in a meaningful way, helping to make the service better. People told us that they had weekly tenants meetings with the registered manager and staff. They told us they discussed events that had happened, areas they would like to see improved and any issues that may have arisen. People said they were regularly asked if they had any concerns or complaints they would like to discuss. We saw a sample of minutes of these meetings. These confirmed what people had told us. We noted the minutes had been produced using words and symbols. These are symbols that are used to support written text, making the meaning clearer and easier to understand.

We saw evidence that staff meetings took place on a weekly basis. Topics discussed included the positive feedback from the monthly audits, different outcomes from the essential standards to ensure they were not in breach of any Regulations and discussions about people who used the service. This was to ensure that people continued to receive care, treatment and support safely.

Records of accidents and incidents were maintained at the service. The service learnt from accidents and incidents. They kept and reviewed records and spoke with staff and people about what had happened and put things in place to minimise the risk of them happening again. None of the incidents we looked at were notifiable incidents to the Care Quality Commission.

Staff told us their safeguarding training had also included whistle blowing. This is when staff report any bad practice they witness to the registered manager or the provider. They stated they would not hesitate to follow the whistle blowing policy if they witnessed any bad practice from a staff member and they would report their concerns to the registered manager who they felt confident would take the appropriate action.

The provider had a clear set of values that included the aims and objectives, principles, values of care and the expected outcomes for people who used the service. For example, to provide fair and equitable access to the service, involve people, their families and professionals in their care plans, and work with people to provide support which meets their needs. Staff we spoke with were aware of the values of the service. The registered manager told us that she observes practice and discussions would take place during supervisions to ensure that staff knew and adhered to the values of the service

The registered manager had a very good relationship with people who used the service. For example, she was aware of people's needs, likes, dislikes and preferences. We saw the registered manager had a good rapport with people and interacted with all the people in a relaxed and friendly manager. People were complimentary about the manager and stated that she was always available to them. Staff told us the registered manager worked alongside them and they believed the service was well managed. They said they saw a senior person from the organisation every month and that management at the service was very supportive. If they had any issues or concerns they could discuss them with the registered manager at any time. Relatives were also complimentary about the registered manager and told us they were able to have a dialogue with her.

People, their relatives and other associated professionals had the opportunity to inform what they thought about the service. The provider sought feedback from people who used the service, their relatives and other associated professionals. A summary of the findings had been produced. Comments were positive about the care, treatment and support provided to people. For example, people had stated they made choices of what they wanted to do, they felt safe at the service and they were all involved in their care plans. People had made requests. For example, one person had asked in the survey for new furniture. This had been addressed. Relatives and other associated professional comments included, 'Excellent standard of support,' 'The service is very supportive, individually structured and very professional.' 'The care could not be better.' One relative had asked for the flooring to be changed in a bathroom for their family member. This had been completed.

The provider had systems in place to continually monitor and improve the service. Monthly quality assurance visits had been undertaken by the representatives of the provider and reports and action plans of these visits had been written. Any actions that had been identified had been completed before the next visit. Audits had included

Good

Is the service well-led?

health and safety, infection control, maintenance of the homes and people's rooms and a selection of the outcomes in the essential standards of quality and safety had been audited each month.

The registered manager audited their medication administration records. We saw records of direct observations the registered manager had undertaken when staff had been administering medicines. This showed us that the provider ensured people received their medicines safely and as prescribed by their GP.

The registered manager sought guidance from outside agencies to help develop best practice and improve the service. For example, there were links with Skills for Care and the Surrey Care Association. (SCA). The registered manager told us that through the Skills for Care they were provided with all the induction information and provided with online competency assessments to ensure staff had understood and learnt from their induction. We saw leaflets available to people about advocacy agencies, a local disabled people's partnership that would provide support and a newsletter from a local society for people with special needs. This showed us that the service provided external information to people about other help and support they could choose to use.