

Lifeways Community Care Limited

Whiteoak

Inspection report

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West Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Whiteoak provides a respite service for people with learning disabilities. It can accommodate up to 21 people at any one time. Accommodation consists of a predominantly single storey building, split into three separate suites. One of the suites is over two floors. There is also a self-contained bungalow. At the time of the inspection, approximately 144 people were regularly using the respite service. On the days of the inspection 17 people were staying at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 21 people. However, the size of the service having a negative impact on people was mitigated by the building being separated into individual suites. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

The registered manager and staff understood their responsibilities in keeping people safe from the risk of harm. However, we found regular checks on the premises and equipment had not always been completed and not all staff had attended a recent fire drill. Where an incident had occurred, people's risk assessments had not been updated. The recruitment of staff and the management of people's medicines was safe. Although the home was clean, not all staff followed good practice guidance regarding the infection prevention and control.

There was a programme of induction in place to support new staff. Staff told us they felt supported however, at the time of the inspection not all staff had received supervision in line with the registered providers policy. Staff received training but not all refresher training was up to date. People were supported with eating and drinking. People were enabled to access other health care professionals as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made a recommendation about meeting the requirements of the Mental Capacity Act 2005. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Staff were caring and kind. People were supported to make choices and to retain their independence. People were treated with dignity and respect. People's right to privacy was respected. Peoples care records were person centred and detailed. Although they had not all been reviewed recently we were assured people were still receiving appropriate care and support. People attended activities and day services during their stay at Whiteoak. None of the relatives we spoke with raised any concerns regarding the care and support their family member received during their stay at the home.

The registered manager had only been in post since February 2019. Both the registered manager and staff understood their roles and responsibilities. Although the registered manager had not always sent notifications to CQC in line with their regulatory requirements. The registered manager had held a guest's forum and a relatives meeting since they had begun to work at the service. Audits were completed but they had failed to identify the issues we have highlighted regarding risks to people's safety.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Whiteoak

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Whiteoak 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

We visited the home on 22 and 29 August 2019. The second day was announced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection-

We spoke with three people who were staying at the home. We spoke with ten staff including the operations manager, registered manager, a deputy manager, three senior care worker, three support workers and a member of the housekeeping team. We reviewed a range of records. This included five peoples care records and a random selection of medicine records. We looked at four staff recruitment and supervision records and a range of records relating to the management of the home.

After the inspection

Following the inspection, we spoke on the telephone with six relatives of people who used the service. We also requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Regular checks on the premises and equipment were not always completed. For example, we saw eight hoist slings in a communal bathroom. The registered manager told they were there in the event staff were unable to use people's own slings. They had not been checked for safety in line with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
- The registered manager was unable to confirm all staff had attended a recent fire drill. The last recorded drill was dated May 2018.
- People's care records included several risk assessments. During the inspection we identified three incidents which had placed people at risk of harm. None of their risk assessments had been updated or reviewed following these incidents.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to evidence safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought these issues to the attention of the operations manager and the registered manager. They assured us prompt action would be taken to address these matters.

- The registered manager had recognised that some internal health and safety checks were not being completed by staff. On the first day of our inspection files were being distributed to each unit for them to record these checks on a regular basis.

Systems and processes to safeguard people from the risk of abuse

- Relatives of people who used the service felt their family member was safe.
- The registered manager and staff were aware of their responsibilities in reporting and recording safeguarding concerns.
- We saw evidence the registered manager had taken appropriate action regarding unexplained bruising.

Staffing and recruitment

- The recruitment of staff was safe.
- There were some staff vacancies at the service, recruitment was ongoing. Some candidates had already been offered posts subject to the receipt of satisfactory pre-employment checks.
- Some staff told us they were working extra hours to cover shifts. The registered manager told us they and the deputy managers had also worked a significant number of shifts on the floor to support staff and cover

shifts. Agency staff were used to fill shortfalls which Whiteoak staff were unable to cover.

- We saw evidence the start time of some shifts had recently been adjusted to improve the quality of service for people.

Using medicines safely

- A relative we spoke with told us, "I know they check people's medicines when they go in (Whiteoak), we forgot to send some [medicine] once. They [staff] rang us, so we took it in for them."
- Medicines were stored and administered safely.
- Medicines were only administered by staff who had received training and had been assessed as competent.

Preventing and controlling infection

- The home was clean, tidy and odour free.
- Of the 35 staff listed on the registered providers training matrix, 4 staff not completed infection prevention and control training. A further 11 staff had not refreshed their training in this topic for over 3 years.
- During the two days of the inspection we saw staff who wearing nail varnish and not all staff were bare below the elbow.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify possible themes or trends.
- The registered manager demonstrated a clear culture of learning lessons when things went wrong. Learning was shared with staff at team meetings and daily handovers.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager recognised the importance of ensuring people's care and support was delivered in line with current good practice guidelines.
- Care records were person centred, reflecting people's diversity and individuality.
- When a new person was referred to Whiteoak, the registered manager completed an assessment of their needs and suitability prior to them commencing a respite placement. Part of this process included assessing the impact a new person would have on people who already accessed the service.

Staff support: induction, training, skills and experience

- There was an induction and training programme in place to ensure new staff were supported.
- Staff were positive about the training they had received. The majority of staff had completed all the training in the topics identified by the registered provider, as requiring completion. However, some staff had not refreshed some elements of their training for over three years. The registered manager told us, and we saw evidence within a weekly report they submitted to the operations manager, this had been identified and action was being taken to address this.
- The registered providers policy noted staff should receive supervision every three months and an annual appraisal. Staff records, and a supervision and appraisal matrix provided by the registered manager after the inspection evidenced all staff had not received supervision and appraisal in line with the registered provider policy. However, we were satisfied this had been recognised and action was being taken to rectify this. Staff told us they had received some management supervision and all bar one of the staff we spoke with told us they felt supported by their colleagues and the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- One person we spoke with told us they enjoyed their meals at Whiteoak. One of the staff we spoke with told us how the service had adapted to support a person with a specific food allergy.
- Peoples care records included the support they needed with eating and drinking. Where people required a specific diet, for either health or cultural reasons, this was clearly recorded in their care records.
- There was a rolling menu in place. People were provided with breakfast and an evening meal. Lunches were provided at Whiteoak over the weekend. During the week some people required a packed lunch to take out with them as they attended appointments, day services or activities

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Some people who used the service had recently moved from two other respite services to Whiteoak.

Relatives told us the transition had been well managed.

- There was a system in place to enable effective planning of people's allotted allocation of respite.
- A handover was held at the changeover of each shift to ensure information was shared within the staff team.
- There was evidence in each of the care records we reviewed, of the involvement of other health care professionals. It was clear from discussions with the registered manager and staff, the team worked effectively with other health care professionals to ensure people received appropriate care. Information was shared with other relevant organisations to ensure consistent care and support was provided to each person. An email sent to the service from a health care professional noted the team at Whiteoak were 'fantastic'.

Adapting service, design, decoration to meet people's needs

- Whiteoak comprises of three separate units. Each unit had communal toilets, bathrooms and access to a secure garden. All bedrooms were single.
- One of the units provided care and support to people with complex healthcare needs. The bedrooms in this suite were larger to accommodate the equipment needed to support people. Bedrooms and the communal bathroom also had ceiling tracking hoists.
- There was a shared activity room. This also had a soft play area. A ceiling tracking hoist was above the area to enable people whose mobility was restricted to be able to access the it.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of this inspection no one was subject to an authorisation although some applications had been submitted to the local authority and were awaiting an assessment.
- People's care record included information about people's capacity and ability to make decisions. We reviewed the care records for one person who lacked capacity regarding several aspects of their care and support. An assessment of their capacity had not been completed and there was no evidence of best interest's decision making. However, from our observations and discussions with the registered manager and staff we were satisfied peoples care and support was being provided in the least restrictive way possible and this was a shortfall in record keeping.

We recommend the provider consider current guidance to ensure peoples records evidence the requirements of the MCA have been met.

- We saw staff encouraged people to make decisions about their lifestyle and everyday events such as choosing what to eat and drink.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We asked one person who used the service if they liked spending time at Whiteoak, they responded, "Yes." We also asked them if the staff were nice, they said, "Yes." A relative we spoke with told us, "[Person] seems to enjoy it. We could tell by [person's] body language if they weren't happy." A member of staff told us, "We treat as people as you would want to be treated."
- Staff had good knowledge of people's needs, abilities, likes and cultural requirements. A relative we spoke with said, "They seem to know everything and know [person's] needs."
- Two staff were assigned to meet and greet people as they returned to Whiteoak from their daily activities. We heard staff chatting with people, welcoming them back and asking about their day. Staff expressed a genuine interest in people's well-being and the activities they had taken part in.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager told us, "We work closely with families and day care services when planning we are planning people's needs."
- Staff were able to describe how they supported people to make choices about their care and support. We saw a member of staff show a person two different flavours of juice to enable them to choose which they preferred to drink.
- Care records noted the support people needed to express their wishes and preferences.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Staff were able to describe the steps they took to preserve people's right to privacy and maintain their dignity. One of the staff told us, "When people have a shower or bath, the doors are locked, and we cover them up. We make sure they are wrapped up after a bath."
- Care records noted the tasks people could complete independently. For example, one person's care plan noted, "I am able to drink myself."
- Care records included if people had a preference around the gender of the person providing their care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each of the care records we reviewed provided detailed, person centred information about how the person needed and liked to be supported. For example, one person's records noted, "I don't like having my hair brushed but I like compliments when I have had it styled."
- Staff told us they aimed to review people's care records every three months, but this had not always happened recently. Staff explained the priority had been managing the transition for people who had moved from other respite services to Whiteoak and covering shifts where there had been a staffing shortfall.
- Of the five care records we reviewed, only two had been reviewed within during 2019, however, where needs had changed, we saw hand written entries had been made in individual care records. From our observations during the inspection, discussions with staff and review of records we were satisfied people were receiving appropriate care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records detailed how they communicated. The care records for one person noted their understanding of the two languages they used.
- The service was able to produce information in alternative formats if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Due to the nature of the service provided, people were out attending activities and day services during the day, Monday to Friday.
- Where people stayed at the home over the weekend, people were supported with activities and trips out. A member of staff said, "We take them out on a weekend. The other weekend we went to Morrison's, shopping and to the café. Some people go to the pictures. Some people know each other, they have friends they meet at the day centres." Another member of staff told us, "People go to meals, bowling, the theatre. We had one person they reunited with a friend while on respite, they went to the pictures and for a meal together."

Improving care quality in response to complaints or concerns

- Relatives raised no complaints about the quality of the service their family member received.

- The registered provider had a complaints policy in place.
- Three informal concerns had been received during 2019. We saw evidence each complaint had been dealt with in a thorough and timely manner.

End of life care and support

- At the time of our inspection no one was receiving end of life care. Due to the nature of the service provided at Whiteoak, it would be very unlikely for people to stay at the home who were at this stage in their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. During our inspection we identified three incidents which the registered provider had failed to notify us about.
- Each of the staff we spoke with was clear about their role and responsibilities within the service. The registered manager was supported by an operations manager. They visited the home as well as speaking with the registered manager on the telephone at regular intervals. The registered manager was experienced but they had only been in post at Whiteoak since February 2019.
- We saw some audits were completed at regular intervals, such as medicines audits and a monthly manager report, submitted each month to the operations manager. The operations manager told us a weekly report had also been commenced although this had only been in place for two weeks at the time of our inspection. This had been initiated as they had identified a need for a more frequent system of formal communication between themselves and their registered managers.
- The operations manager and the registered manager told us an unannounced service visit was completed by another of the registered providers managers every quarter. The only one we saw was dated 8 April 2018.
- Some audits, for example, medicines audits had been completed at regular intervals. No audits had been completed on care records.
- Although we identified several shortfalls in the governance systems we were assured this had been identified by the registered manager and action was being taken to address this. We were satisfied from our discussions with the registered manager and feedback from other staff, staffs' priority had been ensuring a smooth transition for people and their families when they had transferred from two other respite services to Whiteoak during 2019.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- It was clear the culture of the service was aimed at ensuring people received individualised and inclusive care and support.
- The registered manager and staff referred to people staying at Whiteoak as guests. One of the staff said, 'Guests should have a pleasant happy stay. We are here for them, not us'. The registered manager said, "We

want people to have a good time, to make sure people have a voice. If one of our family members needed care, we would be happy to recommend them to the service".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics□

- Due to the closure of two other respite services during 2019 and the subsequent transfer of people to Whiteoak, the registered manager said meetings with people and families had not been as frequent as they wished. During 2019 a meeting with people had been held in June, and with relatives in August. In the future, the registered manager told us they planned to invite families to quarterly meetings and hold regular guest forums, so people could become involved in the running of the home.
- Each of the relatives we spoke with told us they had been invited to a meeting in July 2019 at Whiteoak. The registered manager told us minutes from this meeting would be sent to people when they received an invitation to the next meeting, scheduled for later in 2019.

Continuous learning and improving care

- Information relating to good practice and current legislation was displayed within offices and staff areas.
- It was clear from speaking with staff and the registered manager, there was a desire to continually improve the quality of care provided for people.

Working in partnership with others

- The registered manager and staff worked in close partnership with other agencies, including the local authority, healthcare professionals, day care services and families.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to the health and safety of people receiving care and support were not always robustly assessed. Checks on the premises and equipment were not always completed at regular intervals to ensure they were safe.