

Achieve Together Limited

Whitehatch

Inspection report

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Date of inspection visit:
21 December 2021
04 January 2022

Date of publication:
23 February 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Whitehatch provides accommodation and personal care for up to 11 people with complex physical and learning disabilities within a large detached house. At the time of the inspection, there were 11 people living at the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

The model of care did not always maximise people's choice, control and independence. Regular staff knew people well but did not always involve them where possible in decisions about their daily lives or in reviews of their care and support plan. The staff team were not consistent in their support for people and in creating opportunities for engagement and occupation.

Right care:

People were sometimes exposed to risks within the environment due to inadequate maintenance and disrepair. Staff were not knowledgeable about what action they should take to keep people safe in the event of an emergency such as fire. Care was not always person-centred and did not always promote people's independence and preferences.

Right culture:

The registered manager had a good relationship with staff who told us they felt supported. Not all staff demonstrated a person centred approach when supporting people, and were seen to be more focussed on tasks, rather than spending time alongside the people they supported.

Mental capacity assessments had been completed but were not always decision specific, and did not always involve the person in the process.

We have made a recommendation in relation to carrying out mental capacity assessments.

The provider had completed appropriate checks when recruiting staff and medicines were managed well.

Staff training was not always effective in giving staff the knowledge and skills to support people.

We have made a recommendation in relation to training of staff.

When we observed staff interacting with people they support, they were kind and caring. However, there were many missed opportunities by staff to engage with people.

Staff felt that they were well supported by the registered manager, and although the registered manager had many ideas for improvement of the service, these had not been embedded due to the pressures of staffing and recruitment during COVID-19.

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

Rating at last inspection

This service was registered with us on 21 September 2020 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 3 October 2019.

Why we inspected

This was a planned inspection based on when the service registered with us.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to governance and quality audits 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 work alongside the provider and local authority to monitor progress. 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Whitehatch

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

Notice of inspection

This inspection was unannounced.

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 that we held about the service and used all of information to plan our inspection.

During the inspection

We spoke with three people who live at the service about their experience of the care provided. We spoke with three members of staff including the registered manager. We observed care and support, and a lunch

time meal. We looked around at the environment. We reviewed documents including two care plans, management records, staff files and policies and procedures.

After the inspection –

We spoke with six relatives of people who live at the service and four members of staff. We reviewed records of staff training and a further three care plans and daily care notes. We continued to review documents, policies and audits of the service.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was evidence of ineffective cleaning within the service, and general poor decoration and maintenance of the environment. This had not been identified in the most recent infection control audit. Equipment used to move people was found to be in a deteriorated state which would prevent it from being adequately cleaned and sanitised. We raised these concerns with the registered manager who told us new equipment was on order and they were in the process of recruiting a housekeeper. Following the inspection, the registered manager informed us more robust cleaning schedules had been implemented.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management

- The provider did not have safe fire evacuation processes in place. The personal emergency evacuation plans (PEEP's) which provided detailed information about how staff would evacuate individuals were missing from the fire documentation bag which would be used in the event of an emergency evacuation.
- The three staff we spoke to regarding fire safety were unable to tell us how they would safely evacuate people in the event of a fire. They told us they had not received training to understand how to use the fire evacuation sledges and were unclear about the procedure they should follow.
- The registered manager took action to address this immediately by arranging a meeting with staff that day to go through fire procedures and instructed staff to re-read the fire policy and sign once completed. The personal emergency evacuation plans (PEEP's) were returned to the fire grab bag to be used in the event of a fire.
- Risks to people had been assessed and contained detailed guidance for staff to follow. They covered areas such as moving and handling, nutrition, accessing the community, and personal care needs.

We recommend that the provider reviews the training provided to staff relating to fire safety, and makes plans to regularly update and assess their competence in this area.

Staffing and recruitment

- Staffing levels were not always adequate. The registered manager told us they had challenges with recruitment of staff meaning they had needed to use agency staff more frequently. We observed many occasions where opportunities for staff to engage positively with people were missed. One staff member told us, "There are not enough staff which means there is not enough time to spend with people." Another said, "When we are short staffed, we have to compensate by doing more jobs per person." Following the inspection, the registered manager told us they continued to work on recruitment within the home.
- Due to the lack of a housekeeper, the support staff were currently carrying out cleaning tasks. There were occasions where the registered manager and deputy manager worked as part of the care team to support staff at times of staff sickness or absence.
- Relatives did not feel able to comment on staffing levels as visiting had been restricted at times due to COVID-19, and had mainly taken place in a garden room to reduce the risks to people.
- Recruitment practices were robust, with appropriate checks taking place prior to appointment. An induction process was carried out which included shadow shifts and time allocated for new staff to read care plans prior to starting to support people.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and comfortable with staff, and those who could speak with us told us they felt safe but were unable to elaborate on why they felt that way. Relatives told us that their family members felt safe living at the service. One relative said, "I know [relative] feels safe as they appear relaxed and trust those who are looking after them."
- The registered manager had set up a buddying scheme for people so that people could communicate their concerns to a buddy, and they in turn could raise it with staff members.
- Staff had received training in safeguarding. They knew when to raise a safeguarding concern and who to. One staff member told us, "I'd look out for changes in behaviour or if they avoided certain staff, to see if something was troubling them." The registered manager had discussed safeguarding scenarios with staff during supervisions to increase their confidence and awareness.

Using medicines safely

- Medicines were appropriately administered and recorded. Detailed information was included in people's records of the medication they took, what the purpose of it was and the possible side effects. It included details of how people preferred to take their medicines.
- Staff received comprehensive training and had their competency assessed before they were able to administer medication.
- The registered manager carried out regular medication audits. Where errors or incomplete records were identified, relatives were informed, and action taken to prevent recurrence. This involved a supervision meeting with the staff member, or refresher training if deemed necessary.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and included details of action taken to reduce future risks. One example showed a person was supported for an outing by staff, and had pushed a staff member when they wanted to return to the home. The registered manager had decided to provide the person with a card they could show staff when they wanted to end the walk. This had been effective in reducing their agitation and distress when out in the community.
- Records showed the registered manager had sought specialist advice on how they could improve their

medication processes following some administration errors, and had adjusted the rota to ensure skilled medication staff were always available.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care and support plans included information about people's preferences and abilities in relation to eating and drinking.
- Specialised diets were catered for, such as gluten free and diabetic alternatives.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Mental capacity assessments were not always decision specific, in line with national guidance. One stated a person did not have capacity to make complex decisions, but it did not describe or identify what these decisions had been.
- Staff were observed seeking people's consent and giving them choices throughout the day, and people were kept informed about what was happening. One staff member explained how they used many different techniques and strategies when seeking someone's consent. They said, "I will not give up but I cannot force them, so I keep trying new ideas throughout the shift."

We recommend that the provider refers to best practice guidance in relation to assessments of Mental Capacity and reviews their processes in accordance with this.

Staff support: induction, training, skills and experience

- Staff had been provided with training to give them the skills to support people. This included

safeguarding, basic life support, infection control, as well as more specialised training in epilepsy, autism, learning disabilities and positive behaviour support. One staff member told us, "The training was very helpful."

- The registered manager held individual supervision meetings with staff regularly. Discussions included safeguarding concerns and training, as well as a personal check in with how the staff member was feeling, and how they felt about their work/life balance.
- Training records showed some staff were overdue for refresher training in important areas such as infection control, moving and handling, and basic life support. The compliance percentage for these topics was 71% on the day of inspection. The registered manager gave assurances that systems had been implemented to address this.

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

- The registered manager had carried out reviews of people's support plans, but there was no evidence of people being involved in this process, or of relatives being invited to take part in the review where appropriate. All the relatives we spoke with said they had not been invited to contribute to a care review.
- CQC would expect providers of services for people with a learning disability and autistic people to demonstrate how they are complying with the principles of right support, right care, right culture guidance.
- Care and support plans were detailed and comprehensive and provided staff with guidance on how best to support people. They included goals and aspirations, likes and dislikes, fears, environmental preferences, and preferred activities and hobbies.
- Guidance for staff was provided within behaviour support plans, to ensure that they understood the strategies to follow to support people to avoid situations that may distress them.

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

- The layout and setting of the service encouraged independence whilst meeting people's care needs. The service was set within a large detached house with a large garden, and was a short walk from local shops and amenities. A sensory room had been created with sensory lights and items to touch and comfortable chairs.
- People's rooms had been decorated in a personalised way. One person was fond of a particular cartoon character and their room was decorated with this in mind with large colourful murals and objects of interest.

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

- People had access to external healthcare professionals. Records showed that specialists had been sought when appropriate, such as opticians, dentists, chiropodists, as well as the mental health and positive behaviour support teams.
- Relatives we spoke with said they are kept informed of outcomes and plans involving external support. One said, "They do get health professionals involved when they need to." Another told us, "[Relative] has seen the GP when needed, the dentist and chiropodist."

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The quality of care people experienced was not consistent because staff interactions varied. For example we observed some warm, friendly and social interactions between a staff member and person when they were discussing plans for Christmas and family visits. However, some other staff stood watching people in more of a monitoring style. This may have meant people felt less able to approach those staff members for support or for interaction.
- Although staff were seen to be kind when they did interact with people they supported, many opportunities to engage were missed.
- People looked well cared for and relatives told us staff helped people to look their best and maintain their appearance. One relative said, "They know [relative] well, [relative] is very fond of jewellery and having their hair done. [Relative] always looks clean and well presented when we see them." Another told us about a recent visit, saying "[relative] was very well turned out – their hair was cut ready for Christmas and they smelled fresh, looked good and had a nice new jacket on."

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

- People's care and support plans included details of how people wished to be supported. However, those preferences were not always followed by staff. One example detailed how a person wanted staff to give them choices of activity, otherwise they would be likely to just watch the television or play on their gaming machine. Records showed the person spent the majority of their days watching television when they were in the home, but did not evidence that options had been given and this activity had been chosen by the person.
- The registered manager had completed reviews of care and support plans, but there was no evidence that people had been involved in this process. One person told us they were supposed to have a monthly meeting with a keyworker but that this had not taken place regularly.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always promote people's independence. Care and support plans included details of how people could be supported to be more independent but daily care records did not demonstrate that this was happening routinely. An example was a person who the staff should encourage daily to prepare their own meals, however records showed this had only happened once in a fortnight.
- Continence aids were indiscreet and visible on the floor in people's rooms. This was not a dignified way to store these products and was an infection control risk also. Following the inspection, the registered manager gave assurances this concern had been addressed and was regularly monitored.

- People's privacy was promoted and respected by staff when supporting them with personal care. One staff member told us, "We have to close the door and knock before we go in – we have to respect that." One relative we spoke with said, "They always take [relative] to their room and close the door when supporting with personal care."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Relatives we spoke with gave mixed feedback about raising complaints and concerns. One told us, "I wouldn't hesitate to raise any concerns. There is always a quick response." Another said that management were hard to find when they had concerns. Following the inspection, the registered manager told us information on how to raise concerns had been shared with relatives and a monthly relatives meeting implemented.
- At the time of our inspection the registered manager was in the process of requesting feedback from relatives in order to understand where care quality may benefit from improvement.

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 had detailed communication plans in place. Information for people was provided in a pictorial and easy read format. These included details for people on how to make complaints or raise safeguarding concerns.
- Staff used a variety of ways to communicate with people. One staff member told us, "I show them different pictures of meals and drinks to help them to choose." Another told us, "Some we show pictures to, so they can choose, others use signs and gestures. It is all included in their support plan."

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

- Records of care reviews did not indicate involvement of people, or family members where appropriate. The registered manager did tell us they were in the process of reviewing current activity plans and was writing to relatives to ask for their views.
- Planned monthly meetings between people and their nominated keyworker had not taken place monthly as scheduled. This meeting would be an opportunity for people to raise concerns, or make changes to their care and support plan.
- Staff had recorded people's daily activities but these focused mainly on how people were supported with their personal care needs, rather than activity and engagement. People's preferences, wishes and choices had not always been recorded.
- People had been supported to maintain contact with their families during the pandemic. Video and telephone calls had been facilitated where possible to maintain good communication links.

- Staff supported people to follow their beliefs and religions. One relative told us, "[Relative] has been going to church each week and staff have accessed online services and carol concerts for them."
- Records showed people had been supported to attend some social groups and activities when possible throughout the pandemic. Daily care records that we reviewed did not evidence a wide range of activity choices being made available to people in the absence of their usual external activities.

End of life care and support

- People's end of life preferences had been documented. One record we reviewed showed the person had been asked about their wishes, but preferred not to discuss this at the time. Another had recorded their wishes, which included their interests, family involvement and places they liked. The person had been supported to make a funeral plan.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider carried out a range of governance audits, however they had not identified the improvements needed. The most recent infection control audit had not identified that the worn and damaged moving equipment, or storage of continence products was an infection risk.
- The registered manager told us they had carried out regular quality spot checks, but these had not been effective in identifying issues with staff engagement we had observed.
- Audit processes had failed to identify issues with the implementation of care plans in relation to preferences, choices and promotion of people's independence.
- The registered manager had identified issues with quality and content in the recording of daily care notes, however they had not identified that the language used within them may indicate a negative culture in the service. These areas of concern had not been addressed.
- Staff told us they felt valued and well supported by the registered manager and felt able to raise concerns. One staff member told us, "[The registered manager] always thanks me for what I do." Another said they were, "Very approachable and always tries to answer any questions." The registered manager had initiated a "Shout Out" board where staff could praise one another to keep each other's spirits high when working through the pandemic.

The lack of robust quality assurance meant people were at risk of receiving poor quality care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The culture of the service was not consistently positive. The registered manager had person centred values and demonstrated a desire to improve person-centred practice. However, we observed some of the staff team were very task orientated and were choosing not to engage with people which had an impact on people's ability to engage and be active. One relative told us, "I feel the [registered] manager is still getting the measure of the place and has coped in incredibly difficult circumstances."
- The registered manager told us they had been working with staff to improve the quality and detail recorded in people's daily notes. We found most of the records related to providing personal care, but very little content about people's mood, engagement, activity or conversation where appropriate. The language used in the notes varied hugely, with some inappropriate and non-specific language used, such as a person

"being a handful this afternoon." There was no detail of what this meant or how the person was supported at that time.

- Care and support plans contained good detail, but the actions staff needed to take to empower people were not always followed and we observed people were often led from one task to another without explanation. Staff did not use person centred language when talking about people in care records.

Continuous learning and improving care

- The registered manager had plans to improve the quality of care in the service, however these were not sufficiently recorded or robust. Action plans with timescales were not specific in relation to the issues identified.
- Opportunities had not been sought to gain feedback about or encourage involvement from relatives or staff members. However, following our inspection the registered manager sent a survey out to relatives for this purpose.
- The home was in need of significant redecoration and refurbishment. It had a tired look with scuff marks on doors and skirting, damaged blinds and marked carpets and walls. There were many areas that appeared to need deep cleaning such as bathroom grouting. One relative said, "It could do with redecorating and needs freshening up." There was an action plan in place to address these issues over the coming months.

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

- Relatives we spoke with did not feel that they were kept involved in changes in the service and they wanted to be better informed about keyworkers, activity plans and staffing changes. The registered manager was in the process of reviewing people's activities and letters were being sent to relatives to involve them in the review.
- The registered manager held monthly meetings with people to discuss topics of interest or concern. One record showed there had been a discussion about staying safe, where people shared what they felt that meant and what to do if they had concerns. The record included people's responses and who chose to attend the meeting.
- Staff meetings had been held regularly where concerns were discussed. The registered manager had posed some scenarios for staff to discuss and agree solutions as a team.

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; Working in partnership with others

- The registered manager understood their responsibilities to inform external agencies of significant events. Notifications had been sent to CQC appropriately.
- Relatives had been informed of incidents and accidents and kept involved in the outcome of any investigations.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided.</p>