Whitworth House

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Inspection report

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Date of inspection visit:
26 January 2016

Date of publication:
04 March 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 26 January 2016 and was unannounced. At the previous inspection on October 2014 we found the provider was not meeting the regulations in the following area. The provider did not have an effective system for assessing and monitoring the quality of service provision, and did not make proper provision for identifying and addressing shortfalls in the service. We asked the provider to provide an action plan outlining how they would improve to meet the Regulations.

Whitworth House is a small residential care home situated within a residential area of Croydon. The premises are an adapted family house, and do not offer ensuite facilities. People share communal bathrooms and toilets.The home can accommodate up to nine older people. Accommodation is provided over three floors and is accessed by a passenger lift. There are communal areas that offer a small lounge and dining room. At the rear of the premises is a small back garden.

There is a registered manager and she has been in post over 20 years. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we identified the quality assurance process had not been sufficiently developed and there was a lack of good governance. Breaches were also found in areas relating to fit and proper persons employed, personal evacuation plans, people being restricted without the service having the required authorisation to do so, completion of Mental Capacity Assessments and best interest decisions.

We also made recommendations about making appropriate adaptations to the environment to support people living with dementia.

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Individual risks associated with care and welfare were assessed and arrangements were in place to ensure these were managed safely. We found that people did not have Personal Emergency Evacuation Plans (PEEP's) in place. This meant that in the event of an emergency situation people may not be evacuated effectively.

People told us they felt they were safe and well cared for by the staff. Staff undertook safeguarding training and knew the correct procedures for responding to and reporting any suspicion of abuse. Recruitment procedures were not satisfactory and relevant checks had not been carried out before staff started working in the home. This was a breach of regulation and placed people at risk of being cared for by people who may be unsuitable for the role.

Staff knew and understood people's care needs well and there were systems in place for all staff to share information. The care documentation supported staff with clear guidelines and reference to people's choices and preferences. This helped staff respond to people on an individual basis.

Although staff had completed training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) in practice staff demonstrated limited knowledge of the principles associated with the legislation and in promoting people's rights. Staff were not consistently applying the principles of the Mental Capacity Act 2005. People who did not have capacity to make decisions due to illness did not have their capacity assessed; best interest discussions did not take place. People were restricted without the service having the required authorisation to do so. This was a breach of regulations.

People's healthcare needs were promoted, and referrals were made to specialist services as appropriate. People were encouraged to have a healthy diet. Staff knew people's likes and dislikes and the menu was planned around these. People enjoyed meals and found they met their dietary and cultural needs. Some people needed a soft diet and extra fluids due to their condition and staff made sure people had the nutrition and fluids they needed.

There were arrangements in place for the on-going maintenance and repair of the building. However these were poorly planned and have been on-going for 18 months. The impact for people was that the dining area was not available for meals while refurbishment took place and the communal lounge offered limited space for dining. There was a lack of signage and adaptations to support people living with dementia.

Each person had an individual care plan; care needs were reviewed and updated on a regular monthly basis.

People felt able to raise any issues with the management and were confident these were addressed appropriately. The service had a complaint's procedure but this contained inaccurate information about the regulator.

People told us they found the staff were caring and said they liked living at the home. Staff were knowledgeable about the individuals; they approached people in a kind and caring way. Regular staff were employed who developed positive relationships with people.

The service did not invest in a staff training and development programme, but staff were up to date in all mandatory training as they participated in training provided by the local authority care home support team.

The registered manager worked hard at providing the care to people, but they lacked essential knowledge and leadership and had not kept up to date with legislation. The shortfalls in the service were not identified and addressed. The registered manager had not informed the Care Quality Commission of notifiable incidents in line with legislation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People did not have personal evacuation plans in place to leave the premises in an emergency.

The provider had not always operated robust recruitment procedures and there was a risk of people receiving care from staff who may not be suitable for the role.

Staffing levels were appropriate. People felt safe in the home, risks to people's health and wellbeing were appropriately managed.

People received their medicines as prescribed but there were no systems in place to audit and monitor medicine procedures.

Is the service effective?

Requires Improvement

The service was not effective.

Staff were not acting within the legal framework of the Mental Capacity Act (MCA) 2005. Where decisions needed to be made, people's mental capacity was not assessed and considered. Relevant assessments were not completed and Deprivation of Liberty Safeguards (DoLS) applications had not been submitted for those people who had their liberty restricted.

People were able to enjoy a balanced and healthy diet with those requiring assistance at mealtimes received appropriate support.

People were supported to access a range of health care professionals to help ensure their general health was being maintained.

Is the service caring?

Good

The service was caring.

People spoke positively about the small personalised service

which they felt was able to offer a more homely environment. Staff respected the privacy and dignity of people in their care.

This small scale home was not to everyone's preference as they found it offered limited in opportunities due to the small communal facilities available.

Staff turnover was low and developed effective relationships with people who got to know them well.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Needs assessments were not completed for all people admitted. As a result this sometimes meant they accepted people whose needs they were not able to fully meet.

Care plans lacked detailed personalised information that would help guide staff better in how to fully meet a person's social care needs.

People's needs were assessed following admission and care plans were regularly reviewed and updated whenever people's needs changed.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider failed to operate effective systems to identify, record and action any shortfalls in the service and to ensure people experienced a consistently good quality service. As a result there was a deterioration in the quality of the service since the last inspection.

Consideration was not given to the impact on people at mealtimes due to the dining room being unavailable. Staff used it as an office.
The registered manager did not inform the Care Quality Commission of notifiable incidents in line with current legislation.

Whitworth House

Detailed findings

Background to this inspection

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

This inspection took place on 26 January 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors. We spoke with all eight people living in the home. We reviewed information received before the inspection. Prior to the inspection we looked at information completed by the provider, called the Provider Information Return (PIR). We reviewed notifications and the service history. We requested information from commissioners and from local authority care home support teams about the service.
The methods that were used for inspection included talking to people using the service, interviewing the registered manager and the provider and two staff, pathway tracking, observation, reviews of records. We reviewed care plans for five people, and staff records for three members of staff.

Requires Improvement

Is the service safe?

Our findings

People told us they were satisfied with the service and felt safe in the home. One person told us, "I feel well looked after and safe."

We found elements of the service that were unsafe. The service did not have thorough recruitment systems in place to ensure safe recruitment of staff. The staff records showed shortfalls with a clear pattern of inconsistency in recruitment. Of the three staff records we checked, only two of these could evidence that a DBS (Disclosure and Barring Scheme, police check) had been carried out, two of the applicants' conduct in previous employment in health or social care was checked but references did not contain evidence they were from the actual employer. There were no records of face to face interviews and how individuals met the selection criteria. Two of the staff records had confirmation the applicants were legally entitled to work in the United Kingdom. However for one staff member there were no written or electronic records available, no references in relation to previous employment history, there was no evidence of selection and interviewing process. The provider and registered manager told us they planned to hold all staff records electronically but relied on a staff member to input the information. However when we looked on the electronic records information such as proof of identity and permission to work in the UK was absent. The recruitment and selection policy and procedures did not reflect the current regulations and the service did not have an effective system in place to monitor that staff were recruited in accordance with legislation. This is important to ensure thorough checks are carried out before new staff start work at the home. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The premises had fire fighting equipment and control measures in place, and according to records seen the equipment was serviced, tested as recommended and maintained to a satisfactory standard. The provider showed us an up to date fire risk assessment for the premises but this was brief and did not consider the needs of the people residing in the house. There were no personal emergency evacuation plans (PEEPS) for people in the event of a fire breaking out. This meant that people who used the service may not be evacuated safely in the event of an emergency situation. This matter was a breach of Regulation 12 Health and Social Care Act 2014 as risks were not assessed or planned and managed appropriately in relation to the safe and effective evacuation of people in an emergency situation.

We saw people who used the service had their care and treatment planned and delivered in a way that was intended to promote their safety and welfare. We found individual risks had been assessed, identified and arrangements were recorded and in place to manage these safely. Examples of risk assessments were seen in relation to personal care and included, moving and handling. One person required a hoist to get them into and out of bed safely when they were unsteady on their feet, a hoist was available in their bedroom for this. Staff were trained in safe moving and handling procedures. Two other people using the service used walking frames to get around safely. Records were maintained of events such as falls, records showed low incidents of falls.

The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. The registered manager and staff team which included

two family members were on duty over the week, the registered manager had one day in the week when they did not work. The staffing rota confirmed staffing levels were consistent across the week and at the weekend. We discussed the staffing levels with people living in the home, the staff and manager. People told us there were sufficient staff on duty. The staff rota showed and people told us that one senior staff member worked during the day and was frequently on call at night. One person told us the staff member was "very diligent" and checked people were alright during the night, and provided drinks or assistance if requested. We discussed with the provider and registered manager our concerns about the person who was of advanced years and working excessively long hours. They both agreed to address this.

The home had medicine policies and procedures in place to ensure people received their medicine safely. We found that staff who administered medicine were trained. Medicines were kept in a locked cupboard in the kitchen and they were only accessible to staff. Prescriptions were requested monthly and supplies of medicine were delivered weekly by the pharmacist in sealed dosset boxes, this arrangement worked well. Medicine administration records (MAR) were signed each time medicine was administered and no gaps were seen in the four records we viewed. One person was taking their own medicine and it was safely stored in their bedroom. The service had a system in place to effectively monitor the person was taking their medicine safely and at the time recommended. The registered manager did not have system in place to audit medicine procedures. They told us that they did not complete audits due to medicines being delivered weekly. We recommend that the registered provider refer to current Nice Guidelines for medicine management in care homes.

Staff were able to demonstrate their knowledge of safeguarding procedures. They had received training on safeguarding and were able to tell us how they would identify signs of abuse and told us they felt confident in reporting any concerns of abuse the registered manager. Records we looked at confirmed care staff had received training in safeguarding as part of their mandatory training requirements. There have been no safeguarding concerns/alerts at this service for the past two years.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are 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 were being met.

The manager and staff told us and records we looked at showed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We also spoke with the local authority lead who had delivered the training to the manager and staff. The service had a policy and procedures in relation to MCA and DoLS but recently staff had not followed these procedures. One person who used the service was being restricted by the nature of their illness. The registered manager had not completed a mental capacity assessment for the person. The person was clear about their decision in that they did not wish to live in a home. Staff had not followed the requirements in relation to DoLS; mental capacity was not undertaken and an application to restrict the person's liberty had not been submitted to the relevant supervisory body, despite this person being restricted. The registered manager informed us that they would make an application with regard to a possible DoLS authorisation being granted.

This was a breach a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

Staff said they felt supported. Records and management discussions showed that there was some formal supervision between the owner and manager and staff, it took place at least three times a year. There was no record of staff meetings. However given the small nature of the home and the family-style culture staff had daily contact with management and work related issues were discussed as they happened. Senior staff supervised and monitored staff competence in carrying out their role. The manager had introduced an appraisal system for staff to recognise their achievements and to plan their training and development but this was not complete. The provider had not made provision for and had not developed a training and development programme for staff. The majority of staff training which included all mandatory topics was provided by the local authority care home support team, additional training was funded by the provider and provided on line by social care television.

We saw the home routinely maintained records of people's weight and referred them to GP's if their weight went below specific thresholds. We observed meals being served. People's cultural needs were taken into account, for example we observed one person being provided with culturally specific food. We saw people enjoying their lunch. Where it was necessary we saw people were supported at meal times, the majority

were independent at mealtimes. Staff were present and people found them helpful. For example, one person asked for their food to be heated up and staff did this straight away for them. Staff assisted people with selecting meals, people could decide what they wanted to eat. If someone didn't want the prepared meal they could choose something else to have. However, we found while people's choice influenced the meals scheduled for the week ahead but people did not have a choice of meals on the specific day.

The healthcare needs of people were promoted. The care plans outlined the support a person may need for health check-ups and health screening. We saw that information had been kept up to date and reviewed regularly as people's needs had changed. For example, we saw an additional care plan for one person who smoked. The input of other healthcare professionals was clearly recorded in people's care plans. Concerns regarding health care were referred for consultation promptly and care records showed that the service worked with other professionals where necessary to deliver the care people require. For example, records evidenced recent visits from the optician, dentist and NHS respiratory team. Staff told us when people needed to see a doctor or other healthcare professional this was always organised for them, and this was confirmed by records. Records confirmed that healthcare professionals such as a dentist, GP's and opticians were involved in people's care. Appointments were clearly recorded in a file for staff to see when further appointments were due.

The environment did not fully meet the needs of those people living with dementia. We noted there was a lack of appropriate signage throughout the service. This included a lack of pictorial signs to identify toilet and bathroom facilities as well as a lack of photograph's or other identifying features on bedroom and bathroom doors. We saw there was limited storage provision and various equipment was stored in bathrooms. The lounge had a collection of old newspapers and was cluttered. This could be confusing for people living with dementia. We saw bedrooms that had recently been decorated as part of on-going improvements but no dementia friendly aids were provided. We recommend the service considers best practice guidance in relation to the specialist needs of people living with dementia and how to support them to remain independent whilst using the service.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "The staff can't do enough for you but I would rather live in a larger home with lounges that are more spacious." Another person commented, "The staff here are kind and I cannot fault things, I have the care and support I need." People were cared for by staff who knew them well. The staff team were a regular group of people with a low turnover of staff.

During the inspection we observed staff to be friendly and attentive to people's needs. We saw they reassured and supported people who required assistance with moving about, and were discreet when supporting people wishing to use the bathroom. Staff respected people's private space and were careful to acknowledge this by asking first if they would like company. Staff always made sure they spoke to people in a respectful manner, for example, by referring to them by their preferred name and by taking care to use terms and descriptions that they could easily understand. They assisted people needing support at mealtimes. However, we observed that social interaction was limited at periods between meals.

People were encouraged to retain their independence where possible. For example one person told of the importance of being able to take control of many aspects of their daily life such as going out to day centres, looking after their own medicines in their own room, and managing their own personal issues. We saw that staff respected this and encouraged the person to be independent.

People were supported to maintain relationships with their family and friends. People told us their relatives were able to visit freely and were made to feel welcome. One person told us their visitors could come at reasonable hours and this had enabled them to visit more frequently.

People told us they had been involved in planning their care and care records showed evidence of people's involvement. Three staff members spoken with were fully aware of people's past occupations and life experiences and made point of acknowledging people's past. For example one person was a keen sportsman, and this was recognised in lively discussions about a football club. Information about what people enjoyed prior to admission and during their youth was used to contribute to building a sense of community at the service. One person told us, "It's like one big family home where we share in our conversations with others."

Representatives from a local hospice were assisting staff with introducing advance care planning for people and were training them in the process. We saw that two of the records contained discussions and the outcomes on people's final wishes and preferences.

We observed people being asked for their opinions on various matters and they were involved in day to day decisions, for instance where they wished to sit and what they wanted to eat. However, we saw no evidence of "residents meetings" being held. In house meetings allow people to express their views in a formal setting.

Requires Improvement

Is the service responsive?

Our findings

People told us they were able to make choices about aspects of their daily lives. They said they could choose how to spend their time, what activities to participate in and if they wanted to go into the community, stay in their room and when to get up and go to bed. One person said, "I have my own routines and staff understand these and provide any support I need. It's a good arrangement and suits me very well."

People told us there were enough activities for them to participate in, and there was a weekly programme of activities which included church services. It was unclear what information about people was used to develop the activities programme as this was not always recorded on care records. People were busy engaging in their interests, two people were enjoying doing crosswords and puzzles, the majority of people enjoyed reading the daily newspapers. Comments from people included, "I join in with bingo and some of the games" During the inspection we saw that people enjoyed the music being played. The registered manager told us singing and music were popular and people with dementia responded well and enjoyed these activities. Examples of other activities the home supported people to do included: chair exercise; bingo, bible class and watching television. Staff knew about people's preferences and their hobbies and interests. For example a carer told us that one person was a keen sportsman in their youth and played professional football. Staff engaged him in discussions about football and other sports which he enjoyed. They made sure that football matches were available for him to watch on television. We observed that staff engaged positively and interacted with people in the lounge.

The communal lounge was quite small and all seven of the people using the service remained in comfortable chairs in the lounge for the most of the day except to use the bathroom at intervals. One person liked to smoke; she was supported to go outside at intervals to do this. Another person told us they liked to remain in their own room but went out to the luncheon club at the nearby church on a number of days every week. The dining room (off the lounge) was unavailable when we were present as it was used to store records and items related to running the service. The office was being refurbished. The impact was that peoples' choices and enjoyment were limited as result; they ate their main meals in the lounge using trolley tables.

Care records we looked at contained information about the person's needs but were not individualised. For example, two people had the same details in their care plans about the personal care and support they needed; they did not describe how the individuals preferred to receive this support and how independent they were in specific areas. We saw that care could be compromised on occasions when the person moved in initially as the provider did not complete a needs assessment before admitting a person to the home. The registered manager told us they had relied on information from social workers at the hospital. At times they had found this was not sufficient to inform the admission. For a person recently admitted we looked at care records, we saw that the home had not considered the individual's needs fully to determine if the placement was appropriate. The registered manager acknowledged that they must complete their own pre admission assessment and agreed to undertake these in future for all people admitted. Care records were developed on admission and dates showed these were reviewed regularly every month to ensure that they reflected people's needs. People told us that staff did meet with them to discuss their needs and see if they were

happy with the service. One member of staff told us, "We always make sure we make any changes to the care plan when people's needs change." Staff told us that at the beginning of each shift there was a clear handover from staff. This included information about how each person was and any issues staff needed to be aware of. Staff told us this meant that they were aware if anyone needed any extra support.

The service had a complaints procedure which was issued to people on admission. However, this had incorrect information recorded. The complaints procedure did not include guidance on who to complain to outside of the service, if people were not satisfied with the response from the provider, such as the local government ombudsman. The contact details for CQC were incorrect and recorded the Scottish Care Inspectorate. There were no complaints recorded. We spoke with all eight people living in the home, they were confident that any issues were addressed promptly b management. There were no complaints reported.

Requires Improvement

Is the service well-led?

Our findings

People made positive comments about the management of the home. One person told us, "The manager is pleasant but works too hard."

The service had a long serving manager who was registered with the Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run..

The service was not always well-led and there was a further decline in the quality of the service since. our previous inspection in October 2014. We had identified then concerns that the service did not have effective systems in place to make sure the quality of service provided was regularly monitored and assessed to prevent inappropriate or unsafe care. The provider sent us a report and told us what action they intended to take to make sure the regulation was met. On this inspection we found that appropriate actions had not been taken, standards in the home had further deteriorated and the shortfalls were not identified or appropriately addressed.

The registered manager was unable to identify any deterioration as there was no formal way of evaluating the service, shortfalls were not identified and there was a lack of internal audits and reviews to monitor and assess the overall quality of service provided. There was no evidence the provider was seeking, recording and assessing feedback about the experiences of the service from people using the service, staff and relatives, or visiting professionals, service commissioners. This did not give us confidence in the operation; audits were not being carried out by the provider where they would identify where there were shortfalls and where they needed to improve. The quality assurance systems in place within the service were not sufficiently robust to identify health, safety and welfare concerns. For example records were not securely maintained and easily accessed, staff records and records relating to the service were stored in the dining room and could not be located. There were no audits or checks made of processes, for example staff recruitment files, medication procedures. There was no service development plan, and no plans to train and develop the staff team. Staff received mandatory training from the local authority care home specialist team. A health professional from the team reported positively on the diligence of staff that attended and participated in their training programmes.

Improvements such as the refurbishment programme for the premises had progressed slowly; this work was still in progress after 18 months and resulted in the dining room not being available for people to eat their meals.

The registered manager and the provider were not knowledgeable on legislation and changes in regulations. The registered manager had not fulfilled their obligation and informed the Care Quality Commission about notifiable incidents. Systems were not operated to effectively manage the service. We asked to view records in relation to the premises, and for staff. Records relating to quality control and for

some members of staff were incomplete and some were unavailable. There was confusion about record management. For example one member of staff told us they took responsibility for managing electronic records and were scanning in all staff information records, which included all essential staff information, but we found the information we sought was not complete.

This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance. CQC has issued a formal Warning Notice to the registered manager.

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 did not take formal enforcement action at this stage. 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 There were no Personal Emergency Evacuation Plans (PEEP's) for people who used the service. This placed people at risk of harm as it meant that people who used the service may not be evacuated safely in the event of an emergency. Regulation 12 (1) and (2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment A person was deprived of their liberty to leave the home for the purpose of receiving care or treatment without lawful authority. Regulation 13(5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed There was a clear pattern of inconsistency in the recruitment processes. Essential information required by regulation for staff employed was not available for all staff. This placed people at risk of receiving care from people who may be unsuitable to work within the service. Regulation 19(1)(a) and (2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve services provided to people. As a result there were no processes for addressing shortfalls and driving up standards in the service.

The enforcement action we took:

A formal warning notice was served