Community Integrated Care

The Whinnies

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was announced and carried out on 12, 14 and 15 June 2017. We last inspected in March 2015 and the service was rated as good. We found at this inspection that the service remained good.

The Whinnies is a care home which provides support and care for up to three people with learning and physical disabilities. At the time of our inspection there were three people using the service.

A registered manager was in place. 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.

Staff knew how to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service and these would be addressed to ensure people were protected from harm.

Staffing levels were organised to ensure people received adequate support to meet their needs throughout the day and night. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People's medicines were managed by staff who were trained and had their competency checked to make sure people received their medicines safely.

Staff received day to day support from senior staff to ensure they carried out their roles effectively through mentoring and guidance. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. Supervision of some staff was overdue and action was taken after inspection to ensure this was in place.

People could make choices about their food and drinks and alternatives were offered if requested. People were given support to eat and drink where this was required.

Arrangements were in place to request external health and social care services to help keep people well. External professionals' advice was sought when needed and incorporated into people's care plans.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005. The service had made suitable applications for people who may be deprived of their liberty. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff provided care and support with kindness and compassion; we saw smiles and positive interaction

between people and staff. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and to make choices. The staff team knew the care and support needs of people well and took an interest in people and their families to provide individualised care.

People had their needs assessed and staff knew how to support people according to their preferences and choices. Care records showed that changes were made in response to requests from people using the service, relatives and external health and social care professionals. The provider had commenced work on the introduce new documentation to improve care records' An action plan was sent to us after inspection confirming this would be completed in the next eight weeks.

People were supported to enjoy a range of individual activities inside and outside the service.

The home had a registered manager and senior staff who were accessible. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations. . The provider submitted statutory notifications in a timely manner. When we identified areas for improvement around care records and staff supervision the registered manger and senior staff took immediate and robust action.

People and relatives views were sought by the service through surveys and day to day contact. Relatives and staff spoken with all felt the manager was caring and responsive.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

The Whinnies

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 checked 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 comprehensive inspection took place on the 12, 14 and 15 June 2017 and was announced. We gave notice as this is a small service and we wanted to make sure people and staff would be in. This inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are records of changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted local commissioners of the service for their feedback.

During the inspection we spoke with seven staff, three relatives and one external social care professional. We carried out both formal and informal observations. We also reviewed medicine management in the service. We used the Short Observational Framework for Inspection, (SOFI) to observe people who we were not able to communicate with.

We reviewed two people's care records and the services medicines records. We looked at the staff training records, safeguarding adult's records and deprivation of liberty safeguards applications. We also reviewed three staff recruitment/induction and training files and staff meeting minutes. We also looked at records relating to the governance, quality assurance and management of the service.

Good

Is the service safe?

Our findings

We spoke with relatives of people who used the service and carried out formal observations (SOFI) and informal observations of the way staff interacted with people. Relatives told us they felt the service offered was a safe one. They had initial concerns about staff supporting their family member consistently, but this had improved over time and they had increased confidence in the service. We observed staff supporting people over the three days of inspection and saw only positive interactions between them. We heard humorous banter and laughter, and witnessed numerous smiles and positive body language between staff and people.

Staff had attended the appropriate safeguarding adults training to make them aware of possible adult abuse issues. They had also attended suitable training to work with people safely, such as moving and handling. Staff told us, and records confirmed that staff training in these key areas of health and safety were up to date, or had refresher training arranged. Staff told us they felt able to raise any safeguarding or safety issues promptly and they would be addressed. There was information about how to contact external agencies, such as the local authority, on display in the service. One staff member told us, "If there was ever any concern about any safety issue the staff here would raise it and deal with it. The resident's safety is our number one priority."

We checked around the service with the registered manager to see how they ensured the service was safe. We saw the registered manager had a series of checks in place. For example, premises, equipment, medicines and fire safety. We found these were being completed regularly by the registered manager or other provider staff and were mostly identifying possible issues. However, we identified some minor issues around maintenance and some hand hygiene practices, the registered manager took immediate action to resolve these issues.

People had a personal evacuation plan in place for possible emergencies that may arise, such as a fire. This showed how each person would be supported if an evacuation was needed. Records showed that regular fire alarm tests had been completed and that fire safety equipment was maintained.

We looked at accident and incident records, and how the service responded to such issues. We saw that all events were being logged by the service. These were initially reacted to by staff and then reviewed by senior staff after the event to check that all possible actions had been taken. Staff we spoke with confirmed that they would be de-briefed by the senior carer after any incident to check all was now in place and gather any information.

The registered manager explained how the service calculated staffing through the day and night based on assessments of each persons need for support or observation. One person required observation so staffing had been increased to accommodate this and the use of technology to monitor them discreetly. The service was well staffed during the day and night, staff were visible and had time to monitor and support people and were not just task focused. Staff we spoke with told us they had the time to spend with people and offer meaningful activities as well as provide care and support.

We looked at the provider's recruitment process and checked this when speaking to staff. We saw relevant references were sought and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions that makes them unsuitable to work with vulnerable people. These had been obtained before people were offered employment. Application forms included full employment histories. Staff confirmed with us that this process was followed when they were recruited.

We looked at the systems in place for managing peoples medicines. This included the storage, handling and stock of medicines and medicine administration records (MAR). We found medicines were stored correctly in people's bedrooms. We found medicines were managed safely with robust record keeping. These systems had been further improved following a recent audit by the provider. Detailed care plans for 'as and when required' medicines were now in place and used consistently by staff. Staff had their competency to manage medicines checked regularly and had appropriate training in place.

Good

Is the service effective?

Our findings

People who used the service had complex communication needs which meant we weren't fully able to share their experience. We talked to family members of people who used the service and an external social care professional to seek their views. They told us the service had improved over time as staff had developed an increased understanding of their family member's needs. One relative told us, "They have taken our advice and are getting them now. It wasn't always as good so it's got better over time."

Records we saw and staff told us that they had attended training to meet people's needs, for example, moving and handling. We also saw the registered manager and other senior staff ensured staff had an opportunity at supervisions to discuss how the training worked for the people using the service. Staff told us they felt trained and supported to do their jobs.

Staff supervision and appraisal records were in place for all staff, however we saw that supervisions were now due. We discussed this with the registered manager who advised they had been waiting for a new supervision record template to be supplied by the provider. This was now in place and supervisions would begin using this new process. Staff we spoke with told us they had regular access to the registered manager or other senior staff to seek advice and input as required. One staff member told us, "There is always a senior or manager available on the phone 24/7. If we have any immediate issues we just need to call."

As the service was small the staff and relatives told us that communication was good. They told us that they were keep informed of any changes and that any questions they asked were answered quickly. People's relatives told us they were approached by staff on arrival and on leaving to seek feedback and pass on any issues. We observed staff and peoples relatives interacting both informally and formally during a review of care. We saw this was positive and that staff were open about issues and sought families input.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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). Records showed that appropriate applications had been made as required and there was a process in place to review these and update if required.

People were supported to make their own choices about what they wanted to eat and drink. Pictorial signs were available in the kitchen for people to use when deciding and communicating what they wanted to eat. People were involved in planning the weekly food shopping and then asked before each meal what they would like to eat. Care plan's included information about people's likes and dislikes and how staff should

support people to eat. During observations we saw staff encouraged people to enjoy their meal and to be independent as possible. However we did find that some records around people's weight monitoring were not being maintained consistently. When we drew this to the registered manager's attention they took immediate action.

People were supported to maintain good health and wellbeing. We saw from care plans that health care professionals were regularly involved in people's care needs. There were regular meetings with health care professionals to discuss progress what was working and what needed to change. We saw the home had aids and adaptations such as hoists and moving and handling equipment to meet people's physical personal care needs.

The building was on one floor with step free access for wheelchairs. People could access the whole of the building which was homely and personalised with photos. There were also accessible seating areas in the garden so people could spend time outside if they wished.

Good

Is the service caring?

Our findings

Although people were not able to fully share their experiences with us, we observed positive interactions between people and staff throughout the three days of the inspection. We observed staff during a mealtime and at an informal gathering with relatives. We saw that staff were attentive to the needs of people, and spent time talking with them as well as engaging with family members. We saw numerous smiles and positive eye contact between staff and people.

During the time we spent in the service we saw that staff were very warm and caring towards people. Staff knew people and their needs well and there was a friendly atmosphere, with staff and people who used the service talking about things they had done and people they knew. Staff we spoke with told us the home, "Had a family atmosphere. The gentleman are like an extension of my own family. As a team we think about planning ahead for special occasions and doing things for each of them." We saw that prior to a planned review of care the staff had arranged an informal gathering and meal which included the two other people who lived at the service. This was so they did not feel excluded by the other person's event.

People's needs, preferences, likes and dislikes were recorded in their care records. Staff were able to describe the ways in which they got to know people, such as talking to them, their families and reading their care files, which included information about people's likes, dislikes, their preferred routines and their life history. Staff were passionate when discussing people and about ensuring they knew the person well to be able to meet their needs.

Records showed that staff in the home understood people's needs and treated them as individuals. For example, we saw that people were supported to express their personalities and interests. This was demonstrated in the way people were supported to have individual interests and activities and encouraged to maintain these or to develop new ones.

During our inspection we found that the home was clean and free from odours. This helped to ensure people's dignity was maintained. People living at the home looked well-presented and cared for and we saw staff treated them with dignity and respect. We saw staff respecting people's privacy and dignity by knocking on bedroom doors before entering, closing doors while providing personal care and speaking to people about things discreetly. We saw relatives could visit without restriction and were made to feel welcome.

People's bedrooms were furnished with people's own furniture or pictures to make them personalised. We saw that communal areas also had people's personal effects or pictures of group activities or people families on display.

The service had information about local advocacy services and had made referrals as required. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. The staff in the home knew how they could support someone to contact the advocacy services if they needed independent support to make or communicate their own decisions about their lives.

Good

Is the service responsive?

Our findings

During our three days at the service we saw staff were responsive to people's needs. We observed staff asking people what they would like to do and checking whether they needed any support. From talking to staff about people we saw they knew their care and support needs well.

Relatives we spoke with told us they felt the service had improved over time. One relative told us, "I don't think they had a good initial assessment of [name]. So the staff have had to get to know [name] through our advice and knowledge." An external social care professional we spoke with told us the service had worked with them and the person's family to develop an improved care plan.

When we looked at people's care records and care plans we found the provider was part way through moving to a new care records system. The new format of care planning was more person centred and gave clearer advice to staff on how best to support the person. One person's care plan had nearly been completed; the registered manager advised this would be completed soon. One person's care records we looked at were still in the previous format. We found these hard to navigate and at times repetitive, containing large amounts of historic information that was not always relevant to a person's care and support needs now. We discussed this with the registered manager and senior staff and after the inspection they sent us a timetable for staff to be trained in the new records system and for all care plans to be transferred. All the staff we spoke with were able to tell us in detail how people needed to be supported and there were no concerns that peoples care delivery was affected by the older care planning format.

Care records were subject to regular review and we saw that the registered manager had made a number of changes to care records since they registered in December 2016 to archive older records.

Each person had their own individual activities planner in place. These were on prominent display in people's bedrooms and were adjusted each week as people attended one off activities. One person still accessed an external day care service and staff ensured that consistent communication was in place between the two agencies. During the inspection we saw that people had activities inside the home, we observed art and crafts as well as people watching a film. We also saw that people had trips out to local parks or other places of interest, or to go shopping. Activity was planned over the seven days of the week and staff had flexibility to support people as needed. We also saw that when one person did not wish to go out as planned this was respected by staff who then found an alternative activity. Staff told us activity was a key part of their care and support for people. One staff member told us, "[Name] needs to be occupied and engaged to help them maintain their routines. If they don't want to do the planned activity we have lots of spontaneous things we can do, from cooking to something in the garden. I really like it here as its some much about spending time with [names of the three people using the service] in constructive activity and recreation."

The complaints procedure was made available to people and their families or representatives and staff we spoke with told us that if any concerns were raised they would ensure they were raised as possible complaints with a senior staff member. This was also available in an accessible format. We saw there had

been one complaint in the last year. We saw from records held in the service that the complainant had met with the registered manager and other senior staff of the organisation and that action points had been agreed to improve the service further. From discussion with the registered manager and the complainant we saw that these actions had been completed and improvements made to the service.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed they had been registered with the Care Quality Commission from December 2016. The registered manager was present during our inspection. They also had responsibility for another registered location and had senior staff in each service to assist them in the day to day management and leadership of each location.

We observed the registered manager interact with people and with relatives. We saw that people were calm and appeared happy to be in their company, and that the registered manager knew people needs well, including how best to communicate with them. Staff we spoke with told us they felt the registered manager had got to know the three people using the service well since starting in post. Staff told us the culture of the home was focused on supporting people and always looking for ways to improve. They told us that the high level and variety of activities was something that made their service different and more stimulating.

Discussions with the registered manager and senior staff confirmed they were clear about their individual roles and between them provided a well-run and consistent service.

Staff we spoke with told us that there was a strong support system within the service. The registered manager told us that the operations manager from the provider's local office visited the home regularly to make sure that things were running smoothly, and that she was in contact with head office on a weekly basis to report back on quality measures within the home. We met a member of staff from the provider's quality team and saw evidence of support to the registered manager via audits and support at key events and meetings.

We were informed the registered manager had an 'open door' policy and was a visible presence within the home. There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held. We saw how the team developed ideas and plans together so that all staff had ownership and were fully engaged in ensuring these changes were put into place. Daily handovers were used to keep staff informed of the health and well-being of people using the service.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The registered manager told us about a range of quality checks they carried out to monitor the quality of the service. These included monitoring care records, medication audits and health and safety checks around the home. Records showed that these checks were carried out on a regular basis and where they had highlighted areas for improvement, these were addressed quickly. Any minor issues we highlighted with the registered manager were actioned by the third day of inspection.