Living Ambitions Limited

Whitwood House

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

About the service:

Whitwood House is a residential care home, providing personal care and accommodation for 16 people who may have a learning disability and or complex/physical health needs.

Whitwood House has three separate houses – Gatehouse, Coach House and Hanwell House. Another person lives in their own separate accommodation on the site.

People's experience of using this service:

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with a learning disabilities and autism using the service can live as ordinary a life as any citizen.
The service met the characteristics of good in all areas.
People and their relatives were positive about the support provided by the Whitwood House. There was a positive culture within the service where people, staff and relatives felt listened to. The manager felt supported by the provider and this flowed through the service.
Quality assurance systems were in place which ensured high standards were maintained. The manager was in the process of becoming the registered manager of Whitwood House. The previous registered manager left the service in December 2018.
People received safe care. There were enough staff to support people. Recruitment checks were completed to ensure staff were suitable to work with people in this environment. People were protected from harm and staff administered their medicines safely.
Staff understood the risks posed to people and had management plans in place. Lessons were learnt when mistakes happened. Staff followed infection control practices to protect people.
People were supported by staff to make their own decisions and choices. Staff were knowledgeable and understood the principles of The Mental Capacity Act.
The care that people received was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
Staff received training and support to provide care effectively. People were provided with meals and plentiful drinks to maintain their wellbeing. People were supported by health care professionals to sustain their health.

Rating at last inspection:

Good: report published on October 2016.

Why we inspected:

This was a scheduled inspection based on previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Whitwood House

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type:

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

The service had a manager who was the previous deputy manager. They had started the process to become registered with the CQC.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as accidents or abuse. We reviewed the information the provider had sent us in their provider information return (PIR). The PIR gives some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted local authority commissioning and safeguarding teams. No concerns were raised about

Whitwood House.

During the inspection we spoke with one person about their experience of the care provided. Other people were not able to verbally communicate with us so we observed their interactions with staff members throughout the inspection. We spoke with six members of staff, the manager and deputy manager.

We looked at a range of records, including two care plans and medicines records. We also reviewed two staff recruitment files, training and quality assurance and other records in relation to the management of the service.

Following the inspection, we spoke by telephone with four relatives of people who used the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

• People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Risk assessments were updated following significant events. For example, the deputy manager told us about a recent incident involving a person becoming distressed in the community and how they had adapted this person's risk assessment to reduce the risk of it happening again.
• Environmental risk assessments had been carried out to ensure the safety of people's living space. The premises and equipment were well maintained.
• Emergency plans were in place including information on the support people would need in the event of a fire.
• The provider arranged for checks on electrical and gas installations, as well as equipment used in the home, to make sure they were safe. All safety certificates were within date.

Systems and processes to safeguard people from the risk of abuse:

• Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of any of the people using the service.
• Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action taken ensure people's safety.
• Relatives we spoke with had no concerns about the safety of their family members. For instance, one relative told us, "We trust the staff; we know they are always open with us."

Using medicines safely:

• Trained and competent staff safely managed medicines. Systems were in place to ensure medicines were stored, administered and disposed of appropriately.
• Staff were respectful when administering people's medicines. Records included personalised instructions to staff on how to do this in the way people wanted, for example, one person was supported to manage their medicines in a safe way. The service stored a maximum of three days medication in the person's locked cabinet in their bedroom and observed the person take their daily medication, while providing minimal assistance. This meant the person's independence was supported.
• The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals and, if needed, retraining of staff members.

Staffing and recruitment:

• Safe recruitment procedures were in place. All pre-employment checks were completed before a new staff member started working at the service.
• The rota was flexible to meet the needs of the people at the service at any given time. Staff had time to spend with people throughout the day and to support them when they wanted to go out for leisure or on shopping trips. Some of the people were supported with one to one support as per their risk assessment guidelines.
• There was an on-call service available in the evenings and at weekends so that staff members could contact a manager for advice or support at any time.

Preventing and controlling infection:

• The three houses we visited were visibly clean throughout.
• The manager completed an infection control audit, which showed a high level of compliance.
• Staff used personal protective equipment such as gloves when providing personal support and had completed training in infection control.

Learning lessons when things go wrong:

• The manager had a tracking matrix for all incidents and accidents. This included details of what action had been taken to reduce the risk of the same incident happening again.
•The matrix enabled any patterns in the incidents to be identified.
• All safeguarding allegations, incidents and complaints were investigated, and actions identified, where possible, to improve the support provided.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

• People were supported by a well-trained staff team who felt supported by the provider and the management team.
• New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding, fire awareness and infection prevention and control.
• In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively.
• Staff members who were new to care were supported to complete the care certificate, a nationally recognised qualification in social care. The care certificate is a set of 15 standards that all staff new to health and social care are expected to meet as part of their induction. It helps ensure staff have the required skills and knowledge to provide safe and effective care.

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

• The management team and staff had made changes in the home to provide a more homely environment for people.
• The physical environment within which people lived was accessible and suitable to their individual needs, including mobility and orientation around their home.
• The environment was bright, airy and well decorated. People's rooms were personalised, and the communal areas were homely and inviting.

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

• Mealtimes were flexible, reflecting people's needs and preferences. Staff encouraged people to eat independently when possible. People with more complex needs were supported by staff.
• Staff checked people's health and wellbeing, for example some people had charts in place to document how much they ate and drank. Staff were aware how important it was to record this as this would highlight any changes or concerns.
• Each person had a health action plan in place and they were encouraged to access health promotion services to support their physical health and wellbeing.

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

• People received appropriate support to ensure their healthcare needs were met.
• People's physical and mental healthcare needs were documented within the care planning process. This helped staff to recognise any signs of deteriorating health.
• Records showed people had access to health professionals when required. For example, district nurses and chiropodists visited the service regularly to support people with ongoing treatments.
• Communication systems were in place with external agencies in order to ensure one person's support was provided consistently.
• Records showed that staff had undergone bespoke training in order to support one person's health care effectively.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised, and whether any conditions on such authorisations were being met.

• The manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.
• Where required, DoLS applications had been submitted to the local authority. People's capacity was assessed around specific decisions and best interest discussions were in place with regards to people's needs and on-going care. Where appropriate, healthcare professionals were involved in this process.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

• People and relatives told us the same team of staff supported them and they found them friendly and caring. One person's relative told us, "The care the staff provide to [person's name] is extremely compassionate."
• The provider told us they welcomed and encouraged lesbian, gay, bisexual and transgender (LGBT) people to use their service. Staff told us they would provide care to LGBT people without any discrimination and support them to meet their individual needs.
• People's religious and cultural needs were recorded in their care plans and staff knew how to meet those needs. The manager told us, "We supported one person to visit a local mosque, as the person wanted to learn about other religious faiths. This was a positive experience for the person."
• Staff recognised that people could sometimes find it difficult to express and manage their emotions and were empathetic and understanding in their approach.
• Some of the people living at Whitwood House had limited verbal communication skills. Staff knew people well including their non-verbal sounds, behaviours and facial expressions that indicated how they were feeling. Staff sought accessible ways to communicate with people.
• Communication guidelines were in place. For example, staff guidance included staff to speak slowly and clearly whilst using Makaton signs if people needed time to process information.

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

• Each person had a keyworker to support them to make decisions and achieve their goals. This could be anything from booking a holiday to visiting family. One person told us, "The staff are good, I am happy."
• Records showed that where appropriate relatives were consulted about their family member's care. One relative told us, "[I'm] always informed if any changes have occurred. The communication at this service is very efficient."
• People could have access to an advocate and would be supported to make decisions about their care and support. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence:

• Staff promoted people's privacy, dignity and independence. Each person had a detailed care plan that documented their care and life choices. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they remained safe.

• We saw staff were sensitive and discreet when supporting people. They respected people's choices and acted on their requests and decisions.
• People's dignity was respected by staff. Staff were able to describe how they supported people with their personal care in order to ensure they felt comfortable.
• The service recently supported people from the home to participate at the local pub for a 'Dignity Day' event. This event encouraged people at the service to take an active part in their community.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

• Care was tailored to meet the needs of each person, and where possible, people and their relatives were involved in the care planning process. One relative told us, "The staff really understand [name of relative] and they genuinely want to help them to achieve their goals."
• Staff completed a comprehensive assessment where people were, as much as possible, supported to identify their needs and express their preferences. The assessment focused on what was most important to each individual, their personal goals and wishes, as well as obtaining information about their preferred lifestyles, beliefs, hobbies and interests.
• The care plans provided information on people's communication needs and preferred communication methods that met accessible information standards (AIS). The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
• Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
• People enjoyed activities to their personal taste and individual needs. Records showed they regularly visited the places they liked. The arrangements for social activities were based around people's individual needs and staff demonstrated a commitment to assisting people to pursue their interests. For example, we saw that people enjoyed swimming, bowling, going to football matches and going out for meals.

Improving care quality in response to complaints or concerns:

• A complaints policy was in place and accessible. This gave clear guidance on how complaints would be responded to.
• The provider and registered manager had put systems in place to make sure any concerns or complaints were brought to their attention. All people using the service had a keyworker allocated to them, and they were the point of contact for people to go to. People could raise their concerns or any complaints they might have on a one to one basis with their chosen key worker.

End of life care and support:

• At the time of the inspection, nobody was receiving end of life care. The staff had worked sensitively with people to offer support to plan for future events considering their wishes.

Good

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

Service management and leadership was inconsistent as not all safety checks had been completed. Leaders and the culture they created promoted 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 previous registered manager had left the service in December 2018. A new manager had been appointed, who was the previous deputy manager of Whitwood House. We were satisfied the manager had begun the process of registering with CQC to become the registered manager.
• The manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service. Records were securely stored within a locked office.
• The regional manager and manager were visible and known to people, professionals and staff at the service. The provider also visited the service and monitored progress.
• Staff were informed of changes to systems and processes in order to ensure their knowledge was up to date.
• Quality checks were completed by the manager and staff on a regular basis. A comprehensive audit system was then completed by the provider to monitor the quality of the service people received.
• The provider also had in place a dashboard system which showed the manager had carried out the work which was required to manage the home. For example, the dashboard showed that where staff needed to update their training the manager had a plan in place to accomplish this the task.
• Where shortfalls were identified an action plan was developed. This was reviewed at subsequent audit visits to ensure continuous development.

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

• People were encouraged to be as involved as possible in the running of their home. House meetings and one to one meetings took place where people were able to discuss anything they were unhappy about or anything they would like to change.
• People surveys and staff surveys had been completed. Feedback received was positive.
• Staff told us they felt listened to by the manager and deputy managers. Team meetings were held and the minutes showed staff discussed people's needs, along with policies and procedures and feedback from audits and quality checks.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

• The provider's values were embedded in the service. The manager told us, "Everything we do is more about the people we support; they come first." People we spoke with, confirmed this.
• The atmosphere at the service was warm, welcoming, friendly and inclusive. All staff put people first at the service.
• People and their relatives told us they felt the service was well-managed and the management team were always available. One relative said, "The manager is very accommodating. They run an excellent service."
• Staff spoke highly of the support they received from the management team. One staff member said, "I love my job. Everyone works together so well and I feel [manager's name] is very approachable."

Continuous learning and improving care; Working in partnership with others:

• The service had good links with the local community. The manager said, "We have over the years built a good rapport with the local pub and our clients often attend the pub to play pool and this has improved their confidence."
• The service also continued to have positive links with the Speech and Language Team (SaLT), who had been involved in assessing people's needs. Their findings were incorporated into people's care plan. People had been supported to attend hospital appointments at local hospital services.