

# Living Ambitions Limited

# Whitwood House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Whitwood House is a residential care home which was providing accommodation for 12 people on each of the three days of our inspection. The service can support up to 16 people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

### Right Support

- Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.
- Staff supported people to achieve their aspirations and goals.
- The service worked with people to plan for when they experienced periods of distress so their freedoms were restricted only if there was no alternative.
- Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents. The use of restraint had significantly reduced due to the way people were supported.
- People had a choice about their living environment and were able to personalise their rooms.
- Staff enabled people to access specialist health and social care support in the community.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.
- Staff supported people to play an active role in maintaining their own health and wellbeing.

Staff shortages and a lack of drivers had impact on support for people to access the community.

The provider had not taken sufficient action following our last inspection to ensure the living environment had been maintained to a suitable standard.

### Right care

- Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.
- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.
- Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.
- People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People were protected from abuse and poor care. The service had appropriately skilled staff the provider employed to keep people safe. People's risks were assessed regularly and managed safely. People's care, treatment and support plans, reflected their needs.

Records showed that medicines were well managed and people received their medicines as prescribed.

The service provided care, support and treatment from trained staff and access to specialists able to meet people's individual needs.

#### Right culture

- People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.
- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- People and those important to them, including advocates, were involved in planning their care.
- Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.
- The service enabled people and those important to them to work with staff to develop the service.
- Staff ensured risks of a closed culture were minimised so people received support based on transparency, respect and inclusivity.

Leadership from the registered manager was positive, and governance processes helped the service to keep people safe, protect their human rights and provide good care, support and treatment.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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.

This service has been in Special Measures since 7 July 2021. During this inspection, the registered manager demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Enforcement

We have identified breaches of regulation in relation to insufficient action being taken in response to the last inspection findings and insufficient staffing levels.

#### Follow up

We will meet with the provider and request an action plan to understand what they will do to improve the standards of quality and safety. We will work with the 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Whitwood House

## 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

Day one of the inspection was carried out by an inspector and day two of the inspection was completed by a member of the CQC medicines team. On day three, two inspectors visited the service. Following these days, an Expert by Experience made telephone calls to people's representatives to gather further feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Whitwood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Whitwood House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

The first day of this inspection was unannounced. The second and third days of the inspection were announced. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 4 April 2022 and ended on 14 April 2022. We visited the office location on 6, 11 and 12 April 2022.

#### What we did before inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

Two of the people living at this home were able to verbally communicate with us. We spoke with these people and four relatives about their experience of the care provided. We observed other people communicating through their body language.

We spoke with nine members of staff including the registered manager, area manager, office manager, deputy manager, a team leader and four support workers.

We reviewed a range of records. This included two people's care records and 12 medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

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

At our last inspection we found the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed effectively to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

### Staffing and recruitment

- Staffing levels were not sufficient to meet people's needs.
- We looked at shift rotas for a four week period covering March and April 2022. The majority of shifts did not have the required number of care staff. The registered manager told us they and the deputy managers added to these numbers when staffing levels were short. During this period, even with support from the management team, four day and four night shifts were not carried out with the required number of staff needed according to the provider's dependency tool.
- The registered manager told us short staffing levels meant they had not had time to dedicate to care records, such as best interest decisions. We found people were not consistently supported to go out on the activities they wanted to participate in.
- On occasions, the registered manager worked on night shifts to ensure there was sufficient leadership and staff numbers.

This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staffing levels were not meeting safe levels as assessed by the provider.

Following our inspection, the provider told us a recruitment drive was underway and that agency usage had reduced. A new group of support workers were expected to commence their employment in July 2022 to help ease staffing pressures.

At our last inspection we found a lack of consistent records around risk management meant people were at risk of unsafe care and treatment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.



Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were assessed and recorded and measures put in place to reduce risk.
- Appropriate equipment was in place to manage risk. For example, a one cup kettle was used to enable a person to make their own hot drinks with support and crash mats were in place next to the lowered bed of a person at risk of falling from bed. Care plans and risk assessments were regularly reviewed and largely up to date.
- The provider managed safety incidents well. Staff recognised incidents and reported them appropriately. The registered manager carefully reviewed all accidents and incidents, looking at whether the action taken was appropriate and shared lessons learned with the whole team and the wider service.
- The service was monitoring the number of times restraint was used. We looked at records and saw incidents of restraint had substantially decreased. This helped to protect people's rights.
- We discussed an incident which occurred prior to our inspection with the registered manager. It was apparent that appropriate action had been taken in response to this event.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Two people we spoke with said they felt safe. Relatives consistently expressed confidence that the service provided was safe and people were protected from harm.
- Staff could describe abuse, the signs they would look for which could indicate someone was being harmed and knew who to report this to.
- We looked at records relating to the management of people's finances and saw thorough systems used to support financial transactions and regular checking to ensure people were protected from the risk of financial abuse.

Using medicines safely

- The management of people's medicines was safe.
- People confirmed they were happy with the support they received to help manage their medicines and relatives confirmed this. People received the correct medicines at the right time. People's medicines were regularly reviewed to monitor the effects of medicines on their health and wellbeing. Staff followed systems and processes to safely administer, record and store medicines.
- There were no gaps in medicines administration in the records we reviewed, and each PRN (as required) administration had a corresponding entry to explain why it was needed and how much was given. Each PRN medicine prescribed had a protocol in place to provide information to staff so they could make an informed decision about when its use was appropriate.
- There were individual balance checks of quantities and stocks of medicine for each person. This meant we could be assured medicines had been given when signed for by staff on the medicine's administration record.

Preventing and controlling infection

- Suitable steps had been taken to prevent the risk of infection spreading.
- People and staff were part of a regular programme of COVID-19 testing. Appropriate arrangements were in place for relatives to be able to visit the home.
- We looked at cleaning schedules and infection control audits and found these were satisfactory.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection we found the provider had failed to ensure the premises were fit for purpose in line with statutory requirements. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach, although due to insufficient action taken, this has resulted in a breach of regulation 17. The provider is no longer in breach of regulation 15.

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

- Some adaptations had been made to the premises to meet people's needs.
- We looked around the premises and saw some works had been completed or were in progress. However, some themes we identified at our last inspection remained an issue at this inspection. For example, paintwork was chipped in places and furniture was in need of replacement. This was on the provider's refurbishment plan. However, the registered manager told us they had communicated these issues to their property team on several occasions.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as insufficient action had been taken to update and improve the living environment since our last inspection.

- Sound-proof panelling had been fitted in an activity room for one person as they experienced anxiety due to increased noise levels.
- Alternative window coverings had been explored in line with people's behavioural needs. This was an ongoing piece of work.
- Underfloor heating was installed in one person's bedroom as they were at risk of harm from removing radiators from the wall.
- One person's bedroom was personalised with colours and bedding based on their favourite sports team. A memorial garden had been created outside one of the houses for people to remember their loved ones. Outdoor seating was available to each house.

At our last inspection we found the provider had failed to ensure that care and treatment was only provided with the consent of the relevant person. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

#### 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.

- People were supported to make choices and decisions about their care.
- We looked at two people's care records and found best interest decisions had not been completed where people lacked capacity to consent. Following our inspection, the registered manager updated us and was able to evidence that suitable action had been taken.
- Mental capacity assessments we looked at had not always had a recent review. The registered manager was aware that reviews were needed.
- Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards. For people that were assessed as lacking mental capacity for certain decisions, staff routinely recorded assessments and any best interest decisions.
- People were supported to make decisions about their care. Each person had a specific capacity assessment in place around their medicines and the level of support they needed with these.
- The registered manager told us people were asked for their preference about which staff member they wanted to be supported by.

#### Staff support: induction, training, skills and experience

- Staff received training and ongoing support.
- An induction was provided for the provider's own staff as well as agency workers.
- Training completion levels were found to be high. Staff received supervision support, although this was not always regular. The registered manager had identified this and was in the process of addressing this.
- One staff member told us they felt listened to and able to approach the registered manager when they needed support.
- One staff member said they shadowed a more experienced worker for a week which they said was very good for learning about people. They read through support plans and supported the same person for the first couple of months.

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

- People were supported with their individual dietary requirements.
- We asked one person about the food provided and they told us, "Sometimes I like it and sometimes I don't. It depends on who is cooking." They confirmed they had a weekly treat on a Saturday. People confirmed they were part of menu planning for the week.
- One person was enjoying a ham sandwich for lunch and we saw a staff member cooking pasta for another

person and a rice dish for a further person.

- Staff encouraged people to eat a healthy diet. Where people were assessed as needing specialist support with planning their meals, this was provided by a dietician.
- Two people's meal and drink records showed they ate a balanced diet and were supported to drink plenty of fluid. Snacks of fruit were often recorded throughout the day.

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

- People received support from staff to access healthcare services.
- People had at least an annual review of their physical health in line with current national recommendations. One person told us, "Yes, they'd (staff) take me to the doctors. They always do that." One relative told us about access to healthcare, "They're good at that. They know (person's) character. This is the only place (person) has been looked after properly."
- Staff worked closely alongside other healthcare professionals to provide care to the people living in the home.
- Each person's care records included a hospital passport, which is a document that can be taken with a person to hospital to let them know all of the important information about a person including communication needs, diagnoses, prescribed medicines and other important information to understand their needs and wishes.

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

- People's needs were assessed in line with standards, guidance and the law.
- People's communication needs were assessed, and equipment had been used to support people in decision making.

# Is the service well-led?

## Our findings

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

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

At our last inspection we found the provider's systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not effectively implemented. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The oversight of the service people received required improvement. We identified continued concerns around staffing levels and the living environment and a new concern about the monitoring of people's weights which were not robustly monitored.
- The provider was unable to demonstrate that staffing levels had been maintained in accordance with people's assessed needs.
- The living environment had not been sufficiently maintained. The registered manager had attempted to resolve these issues.
- Care records showed attempts to weigh people were not being recorded. This meant there were significant gaps in these records. The registered manager told us staff attempted to weigh people on a weekly basis. However, this was not based on an assessed need. As a result of our feedback and following our inspection, the registered manager said they would work with healthcare professionals to determine individual suitable timescales for regularly weighing people and staff would record all attempts to weigh people.
- The registered manager told us visits from the area managers from September 2021 to the end of January 2022 had not been documented.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as provider oversight was not sufficiently robust.

- From February 2022, a new area manager had started and they were recording their visits to the home.
- The registered manager completed walkarounds of the home to assess quality standards. Workbooks were regularly completed to help provide oversight of key areas of the service.
- The registered manager had taken steps to address issues found at the last inspection, where this was in

their control.

#### Continuous learning and improving care

- Some improvements had been made since the last inspection. However, continued breaches of regulation were identified at this inspection.
- Accidents and incidents were reviewed by the registered manager who commented on each event and looked for learning opportunities.
- People welcomed a staff suggestion to introduce an achievement board in the home to celebrate things people were proud of.

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

- There was a positive, inclusive culture in the home which helped ensure people received kind and compassionate care. Staff protected people's privacy and dignity and understood people's needs. Staff supported people to understand and manage their care, treatment or condition.
- One person told us, "I like (registered manager). My (relative) likes him." They said they would see the registered manager or a particular member of staff if they had any concerns. They said they would be listened to. We received positive feedback from relatives and staff about the registered manager.
- Staff supported people to maintain links with those that were important to them. Staff maintained contact and shared information with those involved in supporting people, as appropriate.
- Staff felt respected, supported and valued. They felt able to raise concerns without fear of consequence.
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- Staff had the information they needed to provide safe and effective care. They used information to make informed decisions on treatment options.

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

- People's care plans and medicines risk assessments were updated regularly to ensure they met their changing needs.
- People were involved in aspects of daily living such as meal planning, activity preferences and which staff they were supported by.
- People and their representatives as well staff had been invited to complete satisfaction surveys. The staff satisfaction survey was still underway. Relatives provided largely positive feedback about the service provided.

#### Working in partnership with others

- People and relatives were involved as partners in their care.
- Reviews of people's care needs were taking place and relatives were involved.
- One relative confirmed they involved with their family member's care planning and said any care decisions were made in their best interest.
- Another relative confirmed they had been supported to stay in touch with their family member using technology. Staff shared pictures of a person engaging in activities in the home which encouraged independent living skills.

#### 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

- The provider understood and acted on the duty of the candour and met these responsibilities.
- The registered manager worked openly and honestly with us throughout this inspection.

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>Insufficient action had been taken to update and improve the living environment since our last inspection.</p> <p>Provider oversight to remedy concerns about staffing levels identified at the previous inspection was not sufficiently robust.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staffing levels were not meeting safe levels as assessed by the provider..</p>