

Whitmore Vale Housing Association Limited

Whitmore Vale House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Whitmore Vale House is a care home which provides accommodation and personal care for up to 20 people with a learning disability. The service is divided into three separate living quarters, each with their own kitchen and lounge areas. The service also has a day centre on site in which people can meet. At the time of our inspection 13 people were living at the service.

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

People said they felt safe living at Whitmore Vale House and staff were kind to them. Staff had a good knowledge of the different types of abuse that could take place and were confident in their understanding of how to report any concerns.

People's individual risks had been identified and staff demonstrated they knew people well and how to respond to any particular concerns. Risk assessments for people had been reviewed and updated and where people had accidents these were recorded, discussed and action taken.

People were provided with the medicines they needed by competent staff. Medicines records were comprehensive and audits were carried out regularly. People said staff were always available to support them and we observed this on the day. Staffing levels meant people received the care they needed when they needed it, by staff who had been recruited through robust processes.

The provider had ensured people lived in a clean environment and staff did all they could to adhere to Government guidelines around COVID-19 and the risk of transfer of infection. There was an up to date infection control policy, plenty of personal protective equipment, regular cleaning and easy-read information for people to help them understand how they could stay safe.

Staff felt positive changes had been made in the service which resulted in better communication and more cohesive working. Audits were robust and any actions identified were addressed. Senior management used an overarching improvement plan to review and improve the service and care provided to people.

People were asked for their views on the care they received and staff were asked for opinions and input. Staff told us they felt supported and received the training they required. We did spot some gaps in training and will check at our next inspection that this has been addressed.

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

As this was a focused inspection, we did not look at all aspects of Right Support, Right Care, Right Culture.

However, we would expect the service to be able to demonstrate how they were meeting the underpinning principles of the guidance. This was because they would be able to show the model of care and setting maximises people's choice, control and independence, the care is person-centred and promotes people's dignity, privacy and human rights and the ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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

Rating at last inspection

The last rating for this service was Requires Improvement (report published 2 April 2020).

Why we inspected

This focused inspection was prompted as a result of the shortfalls we found at our last inspection. We visited the service to check action had been taken in response to our inspection and as such improvements had been made. We found nothing of concern at this inspection and the service had improved.

At this inspection we reviewed the Key Lines of Enquiry in the key questions of Safe and Well-Led only and this report covers our findings in relation to those.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitmore Vale House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme when we will carry out a fully comprehensive inspection looking at all key questions. 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?

Good ●

The service was safe.

Details are in our well-led findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Whitmore Vale 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. This was a focused inspection prompted by the shortfalls we found at our last inspection. During the inspection we looked at the key questions of Safe and Well-Led.

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

This inspection was carried out by three inspectors.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

This was an announced inspection. We announced the inspection on the day of inspection to discuss the safety of people, staff and inspectors with reference to the COVID-19 pandemic.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This was because this was a focused inspection.

We reviewed information we had received about the service since the last inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with nine members of staff including the senior manager and care staff.

We reviewed a range of records. This included six people's care records and medicines records. We looked at four staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the provider for training and supervision records as well as staff meeting notes and medicines audits which they provided to us.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

- At our last inspection we made a recommendation in relation to records relating to incidents and accidents as there was a lack of information recorded.
- At this inspection we found improvement had been made. Where people experienced accidents we read appropriate action had been taken in response and incidents were discussed in staff handovers and meetings. One person told us, "Staff remind me to use my frame."
- Where people had frequent falls, referrals were made to the falls team, and possible causes were considered. For example, where one person slipped, staff discussed in handover the possibility that creams applied to their legs and feet before going to bed had made their feet slippery. This resulted in the person's falls risk assessment being reviewed.

Staffing and recruitment

- People told us staff were around to help them and no one stated they were not able to get support from staff.
- Staff said there were enough staff on duty and shift plans and rotas were in line with the staffing levels we had been told. We observed staff around and supporting people in a timely manner.
- Where people required two staff for transfers there were sufficient staff available. A staff member told us, "There are always two staff to support [person's name] with showers and transferring." One person said, "Two staff help me to move when I need to get out of my wheelchair."
- Recruitment records included an application form, evidence of the right to work in the UK, references and a Disclosure and Barring Service (DBS) check. A DBS check helps ensure prospective staff are suitable to work in this type of service.

Assessing risk, safety monitoring and management

- People told us they felt safe with staff. One person said, "I am okay. I like living here. I get on with staff." A second said, "I feel safe. Staff are kind to me. They help me with my shower."
- Senior management said they had worked hard since the last inspection to update people's risk assessments and care plans. We found this to be the case, as individual risks to people had been identified and guidance was in place for staff to reduce these. Staff were able to describe people's needs, the main risks people faced and how these were managed.
- Where appropriate people had risk assessments in place for seizures or their dietary needs. One person had been assessed by the Speech and Language Therapy team. Their advice and recommendations were recorded in the person's nutritional support plan. Another person, at risk of falls, needed a shower mat in place when receiving personal care and we saw one available.

- Where people had behaviours that may challenge there was guidance on how to support the person and measures to take to reduce any risks. This included trying to ascertain triggers and how to support the person at different stages. A staff member told us, "We went through examples of situations and what to do in certain scenarios."

- People were helped to stay safe in their own home. Weekly fire alarm tests and checks were carried out and regular evacuation drills. There was information in place for the emergency services should it be needed.

Using medicines safely

- People had medicine administration records (MARs) which recorded their medicines, the dosage and when they should be given.
- In addition, each person had a personalised medicines support plan. Support plans and MARs records were up to date and complete with no gaps.
- There was evidence of body maps for topical creams (medicines in a cream format) and a risk assessment for the use of emollient creams.
- Staff told us they had received medicines training and had a competency assessment before being signed off to administer medicines.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had been raised with the appropriate authority and the service worked with the safeguarding team to investigate or provide additional information when required. One person told us, "I feel safe. Yeah, it's all okay."
- Staff had a good understanding of what constituted a safeguarding concern. Staff said they had attended safeguarding training and that this training formed part of their induction. A staff member told us, "I would report to a shift leader if I felt someone was being abused and then if I felt this was not being actioned I would speak to the local authority and the CQC."

Preventing and controlling infection

- People lived in a clean environment and staff had used easy-read information to inform people about the pandemic. One person told us, "I am getting used to the masks and I always wear one when I go out. Staff remind me at times, but I am good and feel safe." Another person said, "I don't like wearing masks, but I wash my hands a lot."
- As part of this inspection we carried out an infection prevention and control assessment which did not identify any major concerns about the service.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 Requires Improvement. This rating has remained the same as although we found an improving picture, the service was currently without a registered manager which is a legal requirement of registration. Sufficient improvement had been made to demonstrate the service had met the breach of regulation we previously found in this key question. However, we will continue to monitor the service. We will carry out a fully comprehensive inspection to check the service management and leadership is consistent and that leaders and the culture they create supports the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our inspection in February 2020 we found a lack of good governance and robust management oversight within the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not identified shortfalls in the service by ensuring there were effective systems in place. At this inspection we found things had improved.

- People said they liked living at Whitmore Vale House. One person said, "I am very happy here. [Staff member] is my keyworker and we go out to a restaurant." A second person told us, "I am very happy here. I have lots of friends." Everyone we spoke with told us staff were kind to them.
- In turn, staff said they liked working at the service. One staff member told us, "I love working here. I like the staff and I like the residents. It is a really nice family atmosphere here and we all support each other. I am able to speak with [senior staff names] whenever I need."
- Audits were taking place regularly and where actions were identified these were addressed. For example, a fire drill identified the need for an external storage box for blankets and umbrellas and this had been fitted. A health and safety audit highlighted the need for a settee to be changed in one of the living units and this was in hand. Medicines audits were carried out both internally and externally.
- In addition, senior management had developed an improvement plan following our last inspection and regularly updated us on progress against the plan.
- Statutory notifications were being submitted in line with registration requirements and a recruitment drive was underway to recruit a new manager for the service.

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

- Staff told us they felt supported. One staff member said they had been given the support and training they needed to carry out their role. Another said it was, "A good company to work for as the training and support is good."

- We reviewed training and supervision records and although staff told us they had the training they required, we spotted gaps in staff training. Of the 16 staff, eight had not completed health and safety training, 12 food hygiene, seven first aid and seven autism. However, some staff were new and we did read in meeting notes that staff were being reminded to complete their training. We will check at our next inspection that this has been done.
- Staff supervisions had taken place or were booked in and regular staff meetings were held.
- Staff were encouraged to give their views about people's support and how this could be improved. A staff member told us, "We have staff meetings and they always invite us as agency staff to participate so that we feel part of the team. I get an opportunity to put across my views and also listen to what all the other staff have to say. I find this very helpful."
- Resident meetings took place and we read at the most recent one people discussed COVID-19 as well as their wishes for Christmas. People were asked to feedback to staff any concerns or comments and one person was recorded as saying, "Everything is good here."

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

- During our inspection, we found senior management demonstrated an open and honest approach. They told us, "The biggest challenge is getting staff to read and sign everything. It's trying to find time on a shift for them to go through it. We are going to allocate time to staff over the next few weeks to sit down and read up to date information on people." They went on to say, "I think we were very stretched trying to achieve everything on the improvement plan."
- No complaints about the service had been received. However, we were told one concern had been raised. We heard how this had been responded and were satisfied it was being addressed.

Continuous learning and improving care; Working in partnership with others

- Staff said things had improved since our inspection in February 2020. One staff member told us, "I have seen an improvement in communication with staff from the managers. They come and speak to us about people and their needs and ask for our input and opinions." A second told us, "Things have improved. Staff are happier. [Deputy] is a fantastic deputy. There is more engagement between staff groups." A third said, "[Deputy] is an absolute star and [senior manager's] doors are always open."
- Work had been done to improve the way in which staff recorded people's care, including the terminology used by staff as this was a concern at our last inspection. We were told, "We spent a lot of time with staff going through it. We went through it at handovers. I think they (staff) have come on massively." We had no concerns about the daily logs written by staff at this inspection.
- There was evidence that the service worked with external agencies to help support people. This included the GP, occupational therapy team, district nurses, and the community learning disability team.