

FitzRoy Support

Whitegates & The Cottage

Inspection report

Whitegates
Farnham Road
Liss
Hampshire
GU33 6JE

Tel: 01730239330
Website: www.efitzroy.org.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Whitegates and the Cottage comprises three adjoined houses and a separate cottage providing accommodation and support for up to 21 people who have a learning disability, some of whom also have a physical disability. Whitegates and the Cottage is in the village of Liss in Hampshire

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

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The culture in the home was not risk adverse. People were supported to take positive risks and the service was passionate about promoting people's independence.

The provider's vision and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. Care was person-centred and promoted people's choice, independence, dignity and privacy. We observed that staff understood and cared for people in a manner that was in keeping with these principles of right support, right care and right culture.

There were appropriate policies and systems in place to protect people from abuse and there were robust processes in place for investigating any safeguarding incidents that had occurred. Staff consistently told us they were confident that concerns would be responded to appropriately. We observed staff were appropriately deployed during the inspection and relatives and staff confirmed there was sufficient staffing in place. Medicines were administered safely by staff who knew people well. Systems were in place to ensure people's medicines were managed safely.

We were assured that the provider was preventing visitors from catching and spreading infections and we were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider had utilised different communication methods to support people to maintain contact with their relatives and friends throughout the pandemic.

Relatives and staff were positive about the service and the management team. Staff had access to policies and procedures which encouraged an open and transparent approach. The COVID-19 pandemic had placed additional pressures on the service, and we saw, and were told, about how the service had adapted to support people to be safe. People's emotional wellbeing had been a priority for the provider and people had been supported in a person-centred way to manage the impact of the pandemic. The provider had quality

assurance procedures to help drive ongoing improvements within the service and had developed close links with external agencies to ensure best outcomes for people.

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 good (published 17 September 2018).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding. We made a decision A to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitegates and the Cottage 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. 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 safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Whitegates & The Cottage

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

The inspection was carried out by one inspector.

Service and service type

Whitegates and the Cottage 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 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

This inspection was unannounced. However, having consideration of the coronavirus pandemic, we gave the registered manager notice of our arrival from outside the premises. This was to ensure safe systems were in place to protect everyone.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff including the registered manager, deputy manager, senior support worker and two care workers. We reviewed a range of records. This included one person's care records and multiple medication records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from six relatives and 16 members of staff to obtain their feedback about leadership and the quality of care provided. We spoke to the registered manager to obtain additional information in relation to quality assurance, staff support and risk management.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us that they felt safe and happy with the provider. Comments included, "Very safe and suitable, continually doing all they can to make it better and stimulating", "A very good and caring team of carers who always work hard to ensure that their residents are happy and well cared for under the very capable hands of the manager [registered manager's name]" and "They have been excellent with my son."
- There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and understood their role in protecting people from possible harm. They knew how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected.
- Staff consistently told us they were confident that concerns would be responded to appropriately. Comments included, "Abuse and unsafe practice is not tolerated at any time", "We have an open door policy and I am confident I would be supported", and "I feel comfortable reporting any concerns and they are always dealt with in a professional manner."
- There were robust processes in place for investigating any safeguarding incidents that had occurred. The registered manager told us how they had developed staff's understanding and competence in safeguarding awareness and reporting. They had added safeguarding as a recurring agenda item for team meetings and supervisions to provide ongoing opportunities for staff to report any concerns. This also ensured learning from any incidents were cascaded to all staff.

Assessing risk, safety monitoring and management

- The culture in the home was not risk adverse. People were supported to take positive risks and the service was passionate about promoting people's independence. For example, people had been supported to get memberships to their preferred activities, such as the gym and fishing. Risks to people were recorded in their care plans. One relative told us, "They do their best to accommodate his needs and they know him very well, know his likes and dislikes."
- Equipment was maintained to help ensure people were kept safe. During the COVID-19 pandemic, to reduce unnecessary visitors to the service, equipment services and maintenance took place in the carpark where possible. Regular checks were undertaken in relation to the maintenance and safety of equipment and regular practice fire drills were held.
- Environmental risks were assessed, monitored and reviewed regularly.

Staffing and recruitment

- Relatives told us that there were sufficient staff deployed to meet people's needs. One relative told us, "They are very well staffed with carers and a lot of them have stayed a long time and there is continuity with the people." Another relative told us, "Sometimes they have to employ agency staff and I worry they don't

know people as well as the other staff. However, they are extremely well staffed so always other people there for guidance."

- All staff were familiar with the risks associated with each person using the service and were knowledgeable about their care needs. This meant staff could be effectively deployed during any absences to ensure an appropriate skill mix in each home and ensured continuity of care and support for people.
- Staff confirmed that there were sufficient staffing levels. Comments included, "Yes, plenty of staff, best service for staffing that I have worked for", "Low staff turnover so the staff teams can 'gel' and build on each other's strengths" and "We have full staffing levels".
- Staffing levels were based on the needs of the people living at the service. We observed sufficient staffing levels throughout the inspection and staff appeared unhurried and responsive to people.
- The registered manager told us how they adjusted staffing levels in response to changes in people's support needs. For example, one person admitted to hospital had been supported with one-to-one support for the duration of their stay. This had resulted in all their needs, including emotional wellbeing, being met.
- Safe recruitment processes were in place. Staff files contained all the information required to aid safe recruitment decisions. We observed the provider had introduced a form to clearly identify the full employment records for newly recruited staff. This was a positive improvement to the provider's recruitment processes as it enabled them to clearly identify any gaps in employment and seek appropriate assurances. This reduced the risk of gaps being missed and made recruitment processes more robust.

Using medicines safely

- Medicines were administered safely by staff who knew people well. We reviewed medication administration records for three people and found the recordings accurately reflected the amount of medicines administered.
- Systems were in place to ensure people's medicines were managed safely. For example, we saw evidence of a witness observing administrations of medicines to reduce risks of errors. In addition, the provider had medicines audits which were completed regularly.
- Staff had received medicine administration training and systems were in place to regularly assess staff competence.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. One relative told us, "[Registered manager's name] has been very thorough with visitors, I was tested in the car before coming in."
- We were assured that the provider was meeting shielding and social distancing rules. During the inspection we observed staff supporting a person to maintain social distancing and supporting them to find an alternative way introduce themselves from a handshake that they were comfortable with.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The provider had completed individual COVID-19 risk assessments for people which identified their specific contact preferences with their families as well as their support needs. For example, some people used video calling to stay in contact with relatives and some people chose to stay with their

families during national lock downs. The provider had a separate space within the grounds to facilitate face-to-face visits which enabled effective cleaning to take place following visits.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to the registered manager and investigated appropriately.
- A process was in place to review accidents and incidents on a regular basis. Any trends or lessons to be learned were discussed with staff. This meant the necessary action was taken to reduce the risk of further incidents and accidents. One relative told us, "The staff take care to understand his needs and if he has a 'behaviour' they always look at their actions to determine if something which should have been done, or should not have been done, has caused it."
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice sought from relevant health care professionals.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives were positive about the service. Comments included, "They do their best to accommodate his needs and they know him very well, know his likes and dislikes" and "We are very happy with the way they care for my son and arrange activities which he enjoys. It is a very good and caring team who go beyond that which is essential to provide a happy and safe home environment."
- The provider's vision and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. We observed that staff understood and cared for people in a manner that was in keeping with these principles and during the inspection staff were relaxed, confident and engaged with people consistently.
- There was a positive culture. Comments from staff included, "In my role as a support worker I see the individual and not their disability. I support them to do what they can and ensure they are offered choices in every aspect of their life. The people I support are actively encouraged to try things and do anything they want to", "All people are supported with their best interests and staff strive to make their everyday lives as fulfilled as possible", "We work using individual support plans" and "I feel the service is particularly good at supporting the people we support to live a full and independent life."
- The relationship between management, staff and people was positive. Relatives and staff told us the registered manager was approachable. Comments from staff were overwhelmingly positive about the registered manager. Comments included, "I have never had a manager like [registered manager's name] who has put so much of her time and effort into this service, she is an excellent role model", "[Registered manager's name] is the best manager I have ever had. She is fair, approachable and a good listener. Despite her workload she has an open-door policy and is welcoming to all staff" and "I feel she does an excellent job and goes above and beyond to do the best for the people we support, their families and the staff."
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available and displayed within the home. The provider had set up a robust system in place to share important updates and guidance to staff. Guidance and information relating to COVID-19 to support staff's knowledge and awareness of updates to guidance, policies and procedures was easily accessible.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team were clear about their roles and responsibilities. Staff were extremely positive

about the management team and felt supported. Comments included, "The management team are professional, knowledgeable, unbiased and treat staff with respect", "It is a very nice place to work, well run with approachable staff and a good management team", "I feel the present management is what we need, they are caring, approachable, professional, proactive and always willing to help" and "The best management team by far I have ever worked for."

- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.
- The COVID-19 pandemic had placed additional pressures on the service. The registered manager told us the priority had been ensuring people were safe during the pandemic. We were told how COVID-19 and lockdowns had impacted upon people's ability to engage in their usual chosen activities within the community.
- The registered manager and staff told us how they had supported people to adapt their activities or find alternative ones. For example, one person was supported to have their music lessons via video calling. Another example was the introduction of a weekly themed garden lunch to celebrate different events and countries. As it was held across all the gardens at the same time it enabled people to have shared experiences safely.
- Staff told us they felt the impact of the pandemic had been managed well by the registered manager. One staff member told us, "Our manager has tried very hard to provide a stable environment for the people we support during COVID and has succeeded beyond anyone's expectations." A relative told us, "The care received is without fault. Never more so than during the COVID pandemic."
- Statutory notifications to CQC had been received following any notifiable events at the service. Notifications submitted to us demonstrated relevant external organisations were informed of incidents and accidents.

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

- Relatives generally told us they received regular communication from the service and felt listened to. One relative told us that they felt fully involved in their relative's care planning but would like the opportunity to be involved in suggesting ideas for the building and grounds to benefit their relative. For example, the garden.
- Comments from relatives included, "Always given the opportunity to participate in any sessions and always made welcome", "They do tell me if anything happens to [son's name], they are very good in phoning me up and telling me" and "We had to do the review during the pandemic remotely whilst usually I would go down there. I bring up anything I think would be of interest. [Registered manager's name] is excellent, full marks to her, I just tell her any ideas and she takes it on board."
- However, some relatives told us that during the pandemic they would have liked increased contact from the provider. One relative told us, "A little more contact from the [name of the house their relative lived in], phone calls etc. to keep us in touch. COVID has meant we have been unable to visit and our [relative] was not happy with contact on ZOOM. When we phone it is not always convenient for an appropriate member of staff to talk to us, although they all seem to know him well."
- The provider had utilised different communication methods to support people to maintain contact with their relatives and friends. For example, video calls, socially distanced walks and socially distanced visits.
- Staff told us that they felt involved in the service and that the management were supportive. Staff told us, "You are valued as a staff member", "If I make a suggestion regarding the people we support and the environment, the management and team listen to them and act accordingly", "Suggestions are welcome. We are listened to and receive feedback at all times" and "There are multiple ways to make suggestions, like the suggestion box or talking to management. They always try to find a way to make it work or explain why they can't do something."

- The provider and manager understood and implemented the right support, right care, right culture guidance CQC follows. The service model of care and setting maximised people's choice, control and Independence. Care was person-centred. The providers ethos, values and behaviours of leaders and care staff ensured people lead confident, inclusive and empowered lives.

Continuous learning and improving care; Working in partnership with others

- The provider had quality assurance procedures to help drive ongoing improvements within the service. To reduce the risks of complacency, or missing any required actions, the internal audits were rotated amongst different staff so that different people completed and reviewed them. In addition to internal audits, the provider had a quality assurance team who came into the service and carried out audits.
- The provider had regular operational meetings to review best practice and share lessons learnt. The registered manager told us, "We have a health and safety committee meeting every month and will review any incidents that have occurred that month. If something has happened at another house, we would ensure confidentiality but share learning and discuss it."
- In response to COVID-19, the provider's organisation set up a dedicated COVID-19 team to ensure guidance and learning was shared promptly throughout the organisation. As part of this they created a 'COVID-19 panel' to support staff teams to review the impact on people and consider, within the guidance and procedures from the government, how each individual could be supported to minimise that impact. This meant that each person received person centred support to manage the impact on them during the COVID-19 pandemic.
- Examples of this included, for one person, being supported to stay with their family for the duration of a lockdown and for another person being supported with socially distanced picnics outside with their family member.
- The provider had developed close links with external agencies, and we saw evidence of successful partnership working. For example, the provider worked with one professional to support a person to have their regular hospital appointments within their home during COVID-19. This meant that the person did not have to visit the hospital for their appointments during the pandemic. For another person, when they needed to be admitted into hospital during the pandemic, the provider was able to support them to attend a hospital that had no cases of COVID-19 after liaising with professionals to identify the most appropriate hospital.