

Living Ambitions Limited

Whitwood Grange

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 Grange is a residential care home providing personal to people with learning disabilities. It accommodates up to 17 people in three separate areas; there are two six bedded houses and five self-contained flats. There were 14 people using the service at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

People told they felt safe. A lot of experienced staff had left the service over the past six months. This had been unsettling for people, but safe staffing levels had been maintained. This was being dealt with by recruiting new staff and providing extra training for agency staff to make sure they had the right skills to meet people's needs.

Recruitment procedures were safe, and staff were trained and supported to carry out their roles. People's needs were assessed, and their care plans and risk assessments were detailed. This helped to make sure care was person-centred.

People's communication needs were assessed and where needed appropriate support was provided. For example, staff were trained in the use of sign language.

People were supported by kind and caring staff, who promoted their independence.

People were supported to eat and drink a balanced diet which took account of their needs and preferences. People were supported to stay healthy and to access the full range of NHS services.

People were supported to maintain relationships with family and friends. People took part in a variety of social activities in the home and in the community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider had systems in place to check the quality and safety of the services provided.

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 31 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 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 Grange

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.

Inspection team

The inspection was carried out by one inspector and an expert by experience. 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 Grange is 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 did not have a registered manager. A new manager had been appointed and at the time of inspection was applying for registration with the Care Quality Commission. Registered managers and providers 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 on both days.

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 this information to plan our inspection.

During the inspection-

We spoke with three people who used the service about their experience of the care provided. We spoke with eleven members of staff including the manager, deputy managers, team leaders, support workers and the area manager. We looked around the home and observed people receiving support in the communal areas.

We reviewed a range of records. This included two people's care records and multiple 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 training records, audits, surveys and maintenance records.

After the inspection

We had a telephone conversation with a relative of a person who used the service.

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.

Staffing

- There were enough staff to keep people safe.
- The home has had a lot of staff changes in the past six months. A significant number of long serving and experienced staff have left. The remaining staff worked extra hours and agency staff were used to maintain safe staffing levels. Staff told us it had been hard but by working as a team they had been able to make sure people were kept safe.
- The provider was addressing these issues. They were recruiting new staff, had arranged additional training for agency staff and were reviewing the terms and conditions of employment.
- There were enough staff available to meet people's needs. Staff were allocated to people who needed one to one support and requests for assistance were dealt with promptly.
- A person who used the service told us, "Yes, it's okay here, I get out quite a lot, I feel supported by staff and I feel safe living here. There seem to always be enough staff on to help me."
- A relative told us there were happy with the overall service but felt communication over the past six months had not been as good as it used to be due to the staffing situation. They said they felt the situation had improved with the appointment of the new manager.
- Robust recruitment procedures were followed to make sure staff employed were suitable to work with vulnerable adults.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm.
- People told us they felt safe. One person said, "I am really happy here and I feel safe. I'm having a good day today." Another person said, "I like my flat and I feel safe."
- The provider had effective safeguarding systems in place. The management team understood their responsibilities about keeping people safe and reporting concerns to other agencies.
- Staff had received safeguarding training. They had a good understanding of what to do to make sure people were protected from avoidable harm or abuse.

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

- People were supported to keep safe but without imposing unnecessary restrictions on them.
- People who experienced behaviour that could challenge, had detailed positive behavioural support care plans and risk assessments to ensure they were supported in line with best practice.
- The service focused on trying to understand the reasons for people's behaviour and adapted working practices to reduce the need for physical restraint. For example, staff wore caps to reduce the risk of hair pulling which could lead to the use of physical restraint.

- Staff had received accredited training in restraint and were able to tell us how to safely support people. One staff member told us, "When someone displays behaviour which challenges we are trained to deal with it in only in the ways agreed in their care plan. If new behaviours present we have an emergency meeting to discuss which actions to take and where possible we talk this over with the person's family."
- Maintenance records showed checks were carried on installations and equipment. These included gas, water and electricity.
- Lessons were learned when things went wrong. Incidents and accidents were reviewed to identify trends or patterns. This information was used to make changes to reduce the risk of recurrence.

Using medicines safely

- People's medicines were managed safely.
- Medicines were stored securely and administered by staff who had completed appropriate training. Competency assessments were carried out to confirm staff were following the correct procedures.
- Where people had medicines prescribed to taken as needed there were protocols for staff to follow. Some of these were more detailed than others. We talked with the deputy manager about this and they dealt with it immediately.
- People's medicines were reviewed regularly which helped to make sure they were not taking unnecessary medicines.

Preventing and controlling infection

- The home was clean. There was an unpleasant odour in one area, the manager told us this was being addressed and new flooring had been ordered.
- There were systems in place to prevent the spread of infection.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met.
- People's care was planned and delivered in line with their individual assessments, which were reviewed regularly or when people's needs changed.
- People's care plans were designed to reflect best practice principles in the delivery of their care. For example, people had Positive Behaviour Support (PBS) plans in place which helped to ensure they received consistent and effective care.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and supported to meet their needs.
- Staff received training in safe working practices and subjects related to the needs of people who used the service. These included first aid, learning disability, communication skills, autism, positive behaviour support, breakaway techniques and the use of restraint. Debriefing sessions took place following incidents which provided an opportunity for reflection and learning
- New staff received comprehensive induction training and shadowed more experience colleagues until they were assessed as competent. One person who used the service told us, "If we have new staff they follow the ones who have been here for a long time."
- Staff told us that despite the recent staffing issues they felt supported and had confidence in the management team.

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

- People were supported to eat and drink and encouraged to maintain a balanced diet. One person told us, "I pretty much eat the things that I want to eat. I walk a lot, so I also get the exercise I need. All the staff here are very supportive." Another person said, "The food is okay, and I can pick what I want. I like pizza a lot, and crisps and chocolate, but we have agreed that I don't have too many. I've lost weight and I want to keep it off. I'm healthier now."
- People's preferences and needs were catered for. Where appropriate this included cultural, religious and medical needs. People's weights were monitored and where people had specific needs external professionals such as Speech and Language Therapists were involved.

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

- People were supported to meet their health care needs.

- Care records contained a lot of information about people's health care needs and appointments with outside medical professionals.
- Feedback from external professionals who completed surveys for the provider was positive. One commented, "I am impressed with the service delivered, they are responsive and effective in meeting people's complex needs. We are kept fully informed; the service is open and transparent. They learn from issues and take on board feedback. The service is person centred, staff are friendly and welcoming."

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

- The home was designed to meet people's needs and adhered to the Registering the Right Support principles.
- Accommodation was provided in single en-suite rooms or self-contained flats which were decorated and personalised to reflect people's tastes and interests.

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.

- The service was working within the principles of the MCA.
- Appropriate DoLS applications had been made in a timely manner and where conditions were applied they were being met.
- Staff understood the importance of supporting people to make decisions about their day to day lives. Decisions made in people's best interests were clearly recorded.
- The provider promoted a culture of reducing restrictions. Physical interventions were used as a last resort when other strategies had been tried and failed. One staff member said, "Restraint is only used as a very last resort. If you look at it as a percentage, we have 90 per cent of other methods that we try and exhaust before someone is restrained. It is only the last ten per cent after we have tried everything else."
- The provider had a positive behavioural specialist team who supported the service. This helped to ensure people were protected from unsafe restraint, or inappropriate seclusion or segregation.

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.

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 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 were treated well, and their diverse needs were respected.
- One person told us "I know all the people who look after me. They are all familiar and I get on with them all." Another person said, "They are very kind and caring and I think they have my best interests at heart. Sometimes I can't do what I want, but they explain to me why and it's annoying, but I understand later."
- Staff knew people well, they were able to tell us about people needs, their preferred routines and the things that were important to them. Staff showed a real concern for people's welfare,.
- We observed positive interactions which demonstrated trust between people supported and staff.
- People's care records included information about the skills and characteristics they would like would like their support staff to have. Staff confirmed this information was used when they were allocated to people's support teams.

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

- People were supported to express their views and make decisions about their care.
- Staff engaged with people all the time. There was a constant stream of friendly chatter during activities.
- People were given the opportunity to make decisions about their day to day activities. We heard staff asking questions such as, "Would you like to go out today?" and "What would you like for lunch?" We saw people were encouraged to be themselves and do the things they wanted to do.
- One person told us, "I know all about my care plan and I have a say as to what goes into it when my mum comes to the reviews."

Respecting and promoting people's privacy, dignity and independence

- People privacy, dignity and independence were respected and promoted.
- One person said, "The staff always knock before they come into my room."
- Staff understood the importance of promoting people's privacy. For example, one person had needed two to one support all the time when they moved into the home. They were now able to have some time on their own to listen to music, staff told us, "It seems a small thing but for [name] it's a massive step forward."
- People were supported to become more independent. For example, one person had progressed from a shared house with constant two to one staff support to living in their own flat with support from one member of staff.
- People's confidential information was stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Support plans were detailed, person centred and up to date. Staff also used daily diaries and monthly monitoring plans to help make sure people's care was delivered in line with their needs.
- Staff knew about people's needs and this helped to ensure people received the right support. For example, staff told how they supported one person to manage their anxiety by using a 'now and next' communication approach and not talking about planned events until just before they were due to take place.
- People were supported to set goals and their achievements were celebrated. For example, we saw one person had been supported to overcome their fear of going to the dentist.
- Most people did not have information recorded about their end of life care wishes. The manager told us they had already identified this as an area which needed development.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and a range of strategies were used to help people communicate. For example, a lot of the staff had been trained in the use of Makaton and used sign language.
- Staff said by working closely with people they also learned people's individual ways of communicating. One staff member said, "Body language is massive here, I'm new so I'm still learning about people, but I am slowly winning their respect and trust."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships. This included spending time with relatives where possible.
- People took part in social activities. Some people went shopping, some went walking and other people spent time in the garden. We also saw lots of photographs of people taking part in different activities.
- People told us about activities they enjoyed. One person said "I like to go to town, I've just bought a couple of DVDs today. I like to chill and relax in my bedroom a lot. Watch telly, play on the computer, just do my own thing. I love music. I don't feel pressured here and feel able to do things I like doing." Another person said, "I've just come back from holiday. I swam with dolphins."

Improving care quality in response to complaints or concerns

- The provider had procedures in place to ensure any complaints or concerns were dealt with.
- People were provided with information about the complaint's procedure in an accessible format. One person told us, "I've never had to make a complaint about anything here."

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.

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

- The service did not have a registered manager. A new manager had been appointed and was in the process of applying for registration with CQC.
- There was clearly defined management structure in place. The manager, deputy managers, team leaders and support staff were clear about their roles and responsibilities.
- The provider had systems in place to monitor and assess the quality and safety of the services provided. Regular audits were carried out covering areas such as care records, medicines, finances and the environment. The provider's quality team had carried out a full audit of the service in November 2018 which followed the CQC inspection model. Action plans were in place to address any shortfalls found.

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

- The service promoted a person-centred, open and inclusive culture.
- Important information such as how to make a complaint and report a concern about abuse was available to people throughout the home.
- The management team were visible in the home, directing care and providing positive role models for staff.
- People who used the service, their relatives and representatives were involved in developing and reviewing care and support plans.
- The management team spoke openly and honestly throughout the inspection process. They told us about the challenges the service had faced, for example in relation to the high staff turnover, and their plans for implementing and sustaining improvements.

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 submitted notifications of significant events, such as incidents and accidents, to CQC in a timely manner.
- The management team were aware of the duty of candour, which sets out how providers should explain and apologise when things have gone wrong with people's care.

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

- Although the new manager had only been in post a short time the feedback we received was positive. Staff, people and relatives said they felt the manager listened to them and took account of their views. All the staff we spoke with said they would recommend the service to family and friends, as a place to work and as a place to receive care.
- People who used the service and their relatives were given the opportunity to share their views in individual meetings and through surveys. Most people and relatives who completed surveys in 2018 said they would recommend the service to family or friends.

Working in partnership with others; Continuous learning and improving care

- The service had good working relationships with the local primary care services.
- A visiting social care professional who completed a survey for the provider commented, "[Whitwood Grange is a] very person-centred service, very impressed with the support plan which enables staff to work in a person-centred way with my client. I have found the staff to be transparent and have seen some lovely interactions with my client."
- Staff had regular supervision and annual appraisals where they had the opportunity to discuss and plan their training and development needs.