

Allied Care (Mental Health) Limited

Whitehaven

Inspection report

43 Summerley Lane
Bognor Regis
West Sussex
PO22 7HY

Tel: 01243587222
Website: www.alliedcare.co.uk

Date of inspection visit:
01 August 2019
02 August 2019

Date of publication:
10 September 2019

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

Whitehaven is a residential care home providing personal care to 11 people with learning disabilities at the time of the inspection. The service can support up to 11 people.

People lived in a large residential building in a quiet street in Bognor Regis, near local shops and transport links. There was an accessible garden and people had their own rooms.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 11 people. Eleven people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. Of the 11 bedrooms, there were two independent flats that people lived in attached to the home, along with nine bedrooms, which reduced the feel of a large institutional building.

The service had not 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. However, people using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them and the building had been adapted to reduce the impact of a larger building.

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

People were safe at Whitehaven and told us they felt safe and well cared for. People were protected from the risks of abuse and other risks had mitigated. People received their medicines when they needed them, and the service was clean and tidy. There were enough staff to keep people safe.

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.

Staff were well trained, supervised and supported in their role. People told us that they liked the food and had enough to eat and drink. People's health needs were well supported, and the building was suitable to meet people's needs.

Staff treated people with kindness and compassion, and people told us they liked the staff. People were

supported to have a voice and make decision about their own care. Staff ensured people were as independent as they could be and respected people's privacy.

Whitehaven provided a person-centred service and people enjoyed a range of activities. People were supported with their communication needs by staff that knew them well. People knew how to complain, and staff were trained to support people at the end of their lives.

The registered manager was a visible presence who provided leadership to the service. Staff spoke highly of the manager. One staff said, "The manager is the best here so far, she likes to get involved and talk and makes people laugh. You can always go to her and if its work or personal problem she finds time."

Quality audits had been effective in identifying shortfalls and putting them right through action plans. People and staff were involved in the running of the service and people's information was being shared safely.

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 16 December 2016).

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.

Whitehaven

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.

Service and service type

Whitehaven 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 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from 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 nine people who used the service and two relatives about their experience of the care

provided. We spoke with four members of staff including the registered manager, assistant manager, senior care workers, and care workers.

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

After the inspection

We looked at training data and staffing rotas. We spoke with one professional who regularly visited 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.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. Any incidents or suspicions of abuse were reported to the local authority safeguarding adults team.
- There was a safeguarding folder that logged and tracked each referral to the local safeguarding adults' team.
- Staff understood their role and responsibilities in protecting people and reporting safeguarding concerns. Staff had been trained in safeguarding.
- People and their relatives told us that they felt safe at the service

Assessing risk, safety monitoring and management

- Risks to people were managed safely and potential harm was reduced through control measures.
- People whose behaviours may challenge others were supported to remain as safe as possible from risks and staff supported them using best practice.
- Risk assessments covered areas such as specific medical conditions. These had control measures and a risk rating that was shown to be reduced after control measures were applied.

Staffing and recruitment

- Staff were recruited and monitored safely. Staff had background and identity checks to ensure they were safe to work in care.
- People told us there were enough staff to keep them safe. One person told us, "Staff are here 24 hours which is good."
- We saw that there were enough staff to provide one to one hours where this was funded.

Using medicines safely

- Medicines were being managed safely.
- Medicines that required additional safety measures were being stored and recorded correctly.
- People with 'as required' medicines had these available and were offered them regularly.
- One person told us, "I have my medicines when I need them." We saw staff administering medicines and they followed the correct safety procedures.

Preventing and controlling infection

- The service was clean and free from the risks of infection.

- There were daily cleaning rotas for day and night time staff to complete and these were monitored by the registered manager.
- Staff used personal protective equipment, such as gloves, when carrying out personal care.

Learning lessons when things go wrong

- When things had gone wrong the manager had ensured that lessons were learned, and practice improved as a result.
- Near misses had been recorded and were used as learning points for staff.
- Where updates to care plans or incidents were made there was a staff signature sheet attached which had been signed by staff.

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 were supported to achieve effective support outcomes through thorough assessments.
- Pre-admission assessments were completed and covered areas such as personal care, communication, personal history, and risks.

Staff support: induction, training, skills and experience

- Staff were trained and supported well in their role by the registered manager.
- Staff told us that they felt they had the training they needed to do their jobs. One staff said, "Challenging behaviour training was face to face training for a day and I found it helpful."
- We observed one staff using their training effectively when supporting one person who was experiencing high anxiety.

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

- People told us that they had enough to eat and drink. One person said, "The food is nice here. I get enough to eat and drink." Another person told us, "There is enough to eat and drink and we get puddings here."
- We observed that drinks were readily available to people, and those that couldn't help themselves to drinks were regularly encouraged to drink by staff.

Staff working with other agencies to provide consistent, effective, timely care

- When people move to or from the service they were supported consistently and, in a person-centred way.
- Transition plans had been made for some people and information about their lives and preferences had been shared with social workers and funding authorities.

Supporting people to live healthier lives, access healthcare services and support

- People told us that they had access to healthcare professionals. One person said, "I can see the GP when I need to. Last winter I had a very bad virus and they got a doctor straight away and that's how good it is."
- People were supported to attend regular appointments with a wide range of medical professionals to meet their health needs.
- People with specific conditions, such as epilepsy and diabetes, had these conditions monitored and experienced good health.

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

- There was a plan for decorations to be completed and people told us their bedrooms had been redecorated recently.
- People had access to a garden and several people used a sheltered area outside to smoke, which they told us was good in the winter.
- There were several areas of the service where people could socialise and spend time with each other in comfort.

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.

- Where there were restrictions on people they had MCA assessments in place that considered the least restrictive option.
- Staff we spoke with had a good understanding of the MCA and how it related to people. Staff were able to describe how some conditions meant people may lack capacity at certain times and not others.
- We saw that staff supported people to make decisions about their day to day lives and respected people's choices.

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 with kindness and compassion. One person told us, "Staff help me have a shower and they are always kind and gentle." Another person said, "Its good here. The staff are good they're very helpful and supportive."
- We observed caring interactions and kind support from staff that knew people well.
- Staff were able to speak to us about the ways they showed kindness to people, such as putting new games they think people may like on their electronic tablet without being asked.
- Staff interacted with people as equals and spoke with people about their lives and interests with a good level of personal knowledge.

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

- People were able to make decisions about their care and had an active voice. One person told us, "We have a say here; we have a meeting each month we get together and talk, and we are listened to."
- People had access to advocates to help them express their wishes when this was required. One person had a regular visit from an advocate and another person had advocacy services involved with a decision being made.
- People had regular reviews and were supported to take part in these review meetings.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and protected their dignity. One person commented, "They [staff] always knock on my door if they want to see me and I can have privacy."
- People's personal information was kept securely locked away, and staff understood their role in maintaining people's records confidentiality.
- Staff told us about the ways that people had been supported to gain greater independence. "With [name] in the past we used to put their clothes away in the cupboard, but now we categorise the clothes and prompt verbally and now they do this themselves."
- One person had bought some chocolates for their mothers' birthday and staff helped them to find the right words for the birthday card rather than do it for them.
- People were being encouraged to maintain their independence. For example, by using walking aides and by being encouraged to do household jobs with minimal support.

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

- People received a personalised care service that was tailored to their needs.
- People told us they could spend their time the way they liked. One person told us, "When I feel like it, I like going to the pub and have a large glass of merlot. I also have wine in my bedroom here."
- Care plans were personalised and explained people's preferences and the way they liked to receive their care. People's daily support was recorded in a monthly workbook tailored for each person.
- People had choice and control over the care they received. Daily notes showed that people were receiving the support that was outlined in care plans.

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 who needed them had communication plans and staff knew how to use these to communicate in a person-centred way.
- Staff used pictures to communicate with one person and they were familiar with the person's unique reactions to accurately gauge their responses.
- Staff had been trained in different communication techniques and forms such as Makaton (a form of spoken sign language used to help people with communication difficulties).

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 could do the activities they enjoyed. One person who liked to cook told us, "I do some cooking when I fancy it. Today I bought spinach and curly kale, some corn, mushrooms and my favourite red salmon tinned so I will do a warm salad."
- There was a weekly activity timetable and people also had their own personalised planners.
- One person's activities had been personalised to meet their sensory needs. Staff had worked with an occupational therapist to ensure the plan was effective in providing activities that had a calming effect.
- People's relationships with loved ones and friends were supported and maintained by staff. Some people had their own phones and staff supported other people to speak to their relatives regularly, by dialling the number and handing the phone over.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they needed to. One person, who was unable to write said, "I've not had to complain but I would go to the deputy manager."
- There was a complaints policy that included who to contact if a complaint had not been resolved to satisfaction.
- Complaints and compliments were being recorded in a complaints file. There had been no complaints since our last inspection.

End of life care and support

- Nobody was currently receiving support with end of life care.
- People who were willing to discuss end of life and the plans had funeral plans. One person's funeral plan said what they wanted to wear, the type of music that was meaningful for them, whether they wanted hymns, the type of cleric and plans for remains.
- Staff had supported one person at the final stage of their life in the past year. Staff felt they were trained and supported through this process. One staff told us, "I had training around end of life care. It was about helping people to understand what is happening, encouraging pain relief, and supporting them around what's happening."

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

- The registered manager was an active and visible presence in the service and led by example. We saw instances where the registered manager positively challenged staff; for example, around how to support a person during a fire evacuation.
- The culture in the home was open and empowering. The registered manager kept this under review by doing regular walk arounds and de-briefing after with the senior carer.
- There were warm and supportive relationships between staff and people and people were supported to achieve good outcomes in their life.

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 registered manager and provider understood their responsibility to report any incidents or concerns in an open and honest way with people and their families.
- Staff were given feedback in a positive and motivating way during supervisions and staff meetings.
- The registered manager was supported by the provider and senior managers within the organisation. The registered manager told us, "I am very blessed as at the drop of a call I have the operations manager and registered person who are very supportive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider had completed a range of quality audits that had identified some shortfalls and put them right through effective action plans.
- Information from incidents had been used to improve the quality of service. Data from incidents is sent to the provider for analysis and is discussed at staff meetings.
- The registered manager had enough resources and support to develop the service. There was a plan to go paperless, currently being implemented, that would make updating and tracking care outcomes easier.

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

- People were engaged in the day to day running of the service. 'Service user meetings' had actions that

were carried out such as one person being involved in interviewing staff and another person having a meal out.

- People chose the colour and decoration of their bedrooms. One person told us, "I like spending time in my room." We saw three people's bedrooms and each person had decorated the room how they wanted and personalised it with decorations.
- Staff were able to make suggestions and improvements to the service. The registered manager told us, "There is a suggestions box and regular staff meetings and an annual questionnaire. If people make suggestions we talk it through, try it and see how it works."

Working in partnership with others

- The registered manager was working closely in partnership with key organisations and stakeholders. Local health teams, safeguarding and private practitioners all had a good working relationship with the service.
- Information was being shared safely with key organisations. The registered manager had ensured that any information shared was encrypted and password protected to keep people's data safe.