

Care UK Learning Disabilities Services Limited

Whitwood Hall

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This inspection took place over two days on 18 and 19 February 2015. The first day of the inspection was unannounced and the second day was announced. At the last inspection in May 2013 we found the provider was meeting the regulations we looked at. At this inspection we found the provider was in breach of regulation relating to safeguarding people from abuse.

Whitwood Hall is registered to provide accommodation and personal care for up to 16 people with a learning disability. The service is divided into three units. The service had a registered manager. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us staff were caring. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. They engaged in social activities which were person centred. Professionals told us the service provided very good care and support.

Summary of findings

People told us they felt safe and didn't have any concerns about the care they received. However, there was a risk to people's safety because safeguarding procedures were not always followed.

Some incidents between people who used the service had not been reported to the appropriate agencies. Other safeguarding incidents were reported and staff had a good understanding safeguarding processes that were relevant to them. The provider had systems in place to manage risk so people felt safe and also had the most freedom possible.

There were enough staff to keep people safe. Robust recruitment and selection procedures were in place to

make sure suitable staff worked with people who used the service. Staff were skilled and experienced to meet people's needs because they received appropriate training, supervision and appraisal.

The home's management team promoted quality and safety and had good systems in place to help ensure this was achieved. They worked alongside everyone so understood what happened in the service. The provider did not always check everything was in place. People's feedback about the service was not always sought. The provider told us they were going to improve some of their systems to ensure they were monitoring the service effectively.

You can see the action we have told the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People told us they felt safe but the provider was not working within safeguarding guidance.

Systems were in place to identify, manage and monitor risk, and for dealing with emergencies.

There were enough staff to keep people safe and meet people's individual needs.

Overall, we found there were appropriate arrangements for the safe handling of medicines.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to provide good care to people.

Staff understood how to support people who lacked capacity to make decisions for themselves. The service met the requirements of the Deprivation of Liberty Safeguards.

The quality of food and choice of meals was good.

People received good support that made sure their healthcare needs were met. A range of other professionals were involved to help make sure people stayed healthy.

Good



Is the service caring?

The service was very caring.

People who used the service told us they received good care and the staff who supported them were caring.

Health professionals told us the service was very caring.

Staff knew people's preferences, abilities and skills. Staff were able to explain and give examples of how they maintained people's dignity, privacy and independence.

Outstanding



Is the service responsive?

The service was responsive to people needs.

People received consistent, person centred care and support. People's care and support needs were assessed and plans identified how care should be delivered.

Good



Summary of findings

People were encouraged to engage in various activities which were planned around their individual wishes. People spent time in the local and wider community.

Is the service well-led?

The service was not consistently well led.

People told us the service was well managed.

The management team based at Whitwood Hall provided very good guidance and support. Staff had clear roles and responsibilities and knew what was expected of them.

The provider's systems for monitoring the service were not always robust.

Requires improvement



Whitwood Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days on 18 and 19 February 2015. The first day of the inspection was unannounced and the second day was announced. An adult social care inspector visited on the first day and on the second day an adult social care 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. Our expert had experience in learning disability services.

Before this inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority, health and social care professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

When we visited the service, we spoke with six people living at Whitwood Hall, seven staff, the deputy manager and the registered manager. We observed how care and support was provided to people. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records, policies and procedures, and quality audits. We looked at three care plan records.

Is the service safe?

Our findings

People who used the service told us they felt safe. No concerns were raised with us about people's safety. We spoke with staff and the management team about safeguarding people from abuse. Staff were confident people were safe and if any concerns were raised they would be treated seriously and dealt with appropriately and promptly. We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of the safeguarding processes that were relevant to them, could identify types of abuse and knew what to do if they witnessed any incidents. Staff were aware the provider had a whistleblowing policy and knew who to contact if they wanted to report any concerns.

Staff we spoke with told us they had completed safeguarding training. Staff records confirmed all staff had received safeguarding training and regular updates. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

The registered manager told us there were no open safeguarding cases at the time of this inspection. A 'safeguarding file' was maintained. This contained investigation reports that related to previous cases and showed where certain types of abuse had occurred prompt action was taken. The registered manager had referred these incidents to the local safeguarding authority and notified the Care Quality Commission appropriately and in a timely manner.

However, we saw from other records that a number of safeguarding incidents had occurred between people who lived at the service. These were not reported to the local safeguarding authority or the Care Quality Commission (CQC). The registered manager said the incidents had not been reported to the provider. We looked at one person's records and noted three incidents had taken place within the last six months; these resulted in people being harmed so should have been reported. The provider's safeguarding policy stated they recognise the importance of incident reporting within the organisation, and the learning that can be determined to enable change in practice to be implemented. They said the relevant safeguarding team should be informed and the incident should be reported to CQC within 24 hours. These procedures were not followed which meant the provider was not working within

safeguarding policies. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had systems in place to manage risk so people felt safe and also had the most freedom possible. People had to use a key pad security control to enter and exit each unit; these were in place to help keep people safe. A number of people who used the service had the codes so could freely enter and exit their home. Where people had been assessed as being unsafe to leave unsupervised a clear record of this was maintained.

People's care files contained a number of assessments and supporting documents that showed risk management was centred on the needs of the person. Individual risk assessments clearly identified hazards people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks with the minimum necessary restrictions.

People lived in a clean and safe environment. The units were managed in a way to support people to live safely and as independently as possible. When we looked around the service we noted there was equipment to help keep people safe such as radiator covers, safety kettles and window restrictors. Staff and management carried out regular checks to make sure everything was in working order. We looked at staff check sheets which showed staff were carrying out daily checks around the home. This included fridge and freezer temperatures, cleaning routines, staff logs, food charts and incident records. All the staff we spoke with said these systems worked well. We accompanied a team leader when they carried out window restrictor checks; they confirmed these were done weekly. The sheets were completed daily but then discarded at a later date so records were not available to show the checks were carried out consistently over a period of time. It is important that some health and safety records are kept to show maintenance has ensured safety features were functioning effectively. The registered manager agreed to ensure records that should be retained would be kept for the appropriate length of time.

Other records were maintained and retained, such as fire records. These were completed on a regular basis. A fire evacuation recording sheet showed this was completed

Is the service safe?

monthly. Staff had recorded details of the evacuation and any concerns. We noted one person had refused to leave their room; we saw there was a risk assessment in place and this was identified in the person's personal emergency evacuation plan. Staff we spoke with knew what to do in the event of a fire.

Fire alarm tests were only completed monthly even though the home's fire risk assessment stated they should be completed weekly. The registered manager agreed to ensure fire tests were completed in line with the fire risk assessment.

Through our observations and discussions we found there were enough staff with the right skills and experience to meet the needs of the people living at the home. The registered manager discussed the staffing arrangements and said the staffing ratios and skill mix were appropriate. The staff duty rotas showed sufficient staff were on shift at all times. The staff we spoke with also told us there were enough staff to meet people's needs.

The home followed safe recruitment practices. We spoke with two staff about their recent recruitment process. They said they had attended a group interview and then an individual interview. They told us they had filled in an application form and relevant checks had been completed before they had started working at the home. We looked at the recruitment records for two members of staff and found relevant checks had been completed before staff had worked unsupervised at the home. We saw completed application forms, interview assessments, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people.

We looked at the systems in place for managing medicines in the home and overall, we found there were appropriate arrangements for the safe handling of medicines. The deputy manager who was responsible for overseeing the medicines arrangements showed us the systems in place.

We saw regular checks were carried out to make sure medicines had been administered appropriately. We checked the medicines stock for three people and saw it corresponded with the amount of medicines recorded on the medication administration records (MAR's). Any omissions were clearly recorded and investigated. We saw one tablet had been 'dropped and trodden'. This was recorded, reported and a replacement tablet was ordered to ensure they did not run out.

Some people were prescribed medicines to be taken only 'when required' such as painkillers that needed to be given at times that were specific to the individual. There was limited information available for staff to follow to support people to take these medicines correctly and consistently. For example, the directions for one person's medicines stated take one or two tablets as required. There was no information in the person's care plan to guide staff with administration. Another person's MAR had directions for administration of paracetamol but this did not match the directions on the medicines container. The person had not required pain relief and the deputy manager confirmed the correct direction was 'as required'. We concluded the person had not received any incorrect medicines but conflicting directions could cause confusion when staff were administering medicines. Another person had clear instructions for administering pain relief which was agreed by a health professional to help manage regular pain. When we checked the records we found the prescriber's instruction was not being followed and the person had received less than the recommended dose.

The deputy manager explained that they had recently met with the supplying pharmacist to review some of the arrangements in place; they had agreed to review some directions on medicines and medication administration records (MAR's) to ensure they provided enough guidance for staff to follow when administering medicines. They had also started to introduce more specific medication care plans to ensure people's needs were identified and met.

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. The provider had effective systems in place to make sure staff received appropriate training. We looked at training records which showed staff had completed a range of training courses including positive behaviour support, epilepsy, autism, food safety, health and safety, fire, moving and handling and first aid. The registered manager had a training matrix that identified when staff had received training and needed to attend refresher training. This ensured staff knowledge was up to date.

We spoke with staff about training. They told us the training they received provided them with the skills and confidence to carry out their roles and responsibilities. One member of staff said, "We get really good training." Another member of staff said, "We go on training courses so get chance to go through everything and check things out. I think it's excellent." We spoke with two staff about their induction programme. They told us they had received very good training and support. One member of staff said, "It's been a great experience from the beginning. I am learning so much and given time to learn it properly. It's a combination of training, shadowing and reading. Everyone is very helpful and very knowledgeable."

Staff we spoke with said they were well supported by the management team and colleagues. They told us they received regular supervision and had opportunities to talk to a team leader, the deputy manager and registered manager. We looked at a 'dashboard' which showed staff support at Whitwood Hall was up to date. The registered manager told us this was a monitoring sheet used by the provider to ensure staff had received regular supervision and an annual performance and development review.

Training records showed staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with were confident people's rights were promoted and where possible people were involved in making decisions about their care. The management team and staff were aware that formal steps had to be followed to ensure they met the key requirements of the MCA. They understood where people did not have the capacity to make a specific decision these

had to be made in the person's best interests. A health professional told us, "I have always found the staff to be proactive in their care working in the best interests of their clients."

We looked at records which showed the requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. At the time of the inspection two Deprivation of Liberty Safeguards authorisations were in place and they were waiting for the outcome of eight others. DoLS protect the rights of people by ensuring that if there are restrictions in place they are appropriate and the least restrictive. The registered manager had an effective system that ensured authorisations were reviewed within the agreed timescales.

People who used the service told us they were involved in making decisions about their care and support which included choosing how to spend their time, when to get up and go to bed, and what to eat. People said they could get snacks and drinks when they wanted. One person was observed making a hot drink with staff support. They used picture cards to help them communicate their wishes. Another person talked to us about meal planning. They said they decided what they wanted to eat and then went shopping for the items. Another person told us they went to the supermarket to do their food shopping and their favourite food was "curry and rice".

People told us the quality of food and choice of meals was good. One person told us the food was "excellent". Another person said, "The food is good." We saw arrangements were in place for involving people in menu planning and food shopping. People's activity planners included daily shopping where people purchased provisions for the day.

We looked at a range of meal plans which were detailed and showed people were offered balanced and healthy diets. The management team had provided staff with support and guidance to ensure they understood the importance of promoting eating and drinking well.

Staff told us good systems were in place to make sure people's healthcare needs were met. We received very positive feedback about the service from a local GP practice. They told us, "They have forged strong relationships with our surgery and work in partnership with us. Any outcomes from the annual health checks are actioned in a very timely manner and all the staff appear to take pride in the care they deliver." Another professional said, "Management support both their staff and service

Is the service effective?

users wholeheartedly, and the running of clinical team meetings involving all members of the multi-disciplinary team ensure the effective implementation of supporting strategies and plans. All of the above combined makes Whitwood Hall an effective, caring and incredibly compassionate service for adults with learning difficulties.”

We looked at people’s care records which showed people had attended regular healthcare appointments and a range of health professionals were involved in people’s care. However, people did not have up to date health action

plans (HAP). A HAP should hold information about the person’s health needs, the professionals who support those needs, and their various appointments. The plan is based on a full health check. The management team told us the provider had identified this was an area of development and was introducing HAP for everyone who used the service. We saw one person’s HAP which showed this process had commenced. This helps ensure people’s healthcare needs are not overlooked.



Is the service caring?

Our findings

We received positive feedback from people who used the service about their care and the staff who supported them. One person said, “Yes I like to live here, I like all the staff they are all friendly.” Another person said, ““Staff are kind and help you.” Another person told us the staff were

“nice”. Another person told us they had a “happy life”. Two people said they were happy with the care they were receiving at Whitwood Hall but wanted to move to alternative accommodation which was being explored.

We received very positive feedback about the service from health and social care professionals. One professional told us, “There is evidence of good team work and the staff seem to know the residents they care for without having to refer to paper work all the time. The clients always appear well cared for and happy.” Another professional told us the manager and staff were generally knowledgeable and responsive to the needs of people who used the service. Another professional said, “The staff team communicates very well with the service users. If they have any concerns that a certain means of communication is not effective for the service user to understand, they will raise this for further advice.”

Staff were confident people received very good care. One member of staff said, “It’s really person centred.” Another member of staff said, “The quality of care is brilliant.” Staff we spoke with had knowledge of people’s history and future goals which helped them understand the person and how to respond when offering support. Two staff that had recently started working at the service told us they were very impressed with the care and how their induction was

focusing on getting to know the people who lived at Whitwood Hall. They showed us some of their induction work where they had been finding out about people’s backgrounds, likes and support needs.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care. People looked comfortable in their home. Some people showed us their room; these were personalised. One person’s room had sensory equipment which helped them relax. There was also a sensory room in one of the units.

We observed interaction between staff and people living at the home and saw staff were respectful and caring when they provided assistance. People who used the service were treated with respect. Staff gave examples of how they maintained people’s dignity, privacy and independence. One person told us they could have privacy and go to their own room when they wanted. They said they talked to their keyworker if they wanted someone to talk to. They said, “If I need something staff will try to get it for me.” Another person said, “I can talk to the staff if I’m upset.”

People were supported to communicate their wishes and preferences. One person who was unable to verbally communicate their needs had a prompt board for “now and next” to aid communication. One person clearly enjoyed intensive interaction, which is a practical approach to interacting when people do not find it easy to communicate. Another person used hand signals and the member of staff who was supporting them understood what they were communicating. Staff knew people well and had a good understanding of their support requirements, and likes and dislikes.

Is the service responsive?

Our findings

From discussions with people who used the service and records we concluded people received consistent, person centred care and support. People told us they enjoyed doing a range of activities within the home and the community. Each person had daily activity schedules and a daily diary. These showed activities were varied and developed around people's needs and preferences. One person told us they enjoyed going horse riding, trampolining and swimming. Their activity log showed they were supported to regularly attend these activities. Another person told us about a recent holiday and said they enjoyed going to the pub. People went shopping for food and household provisions on a daily basis. Staff told us the arrangements for shopping worked well and most people accessed the community daily.

People's care and support needs were assessed and plans identified how care should be delivered. Each person had a range of assessments and support plans which were personalised and covered important areas such as personal care, eating and drinking, in the community and behaviour support. People's care records had information about 'what does a good day look like', 'what causes me stress', 'this is what I do when I become upset', 'please try the following to help me calm down and prevent me becoming upset'. Support plans were generally comprehensive. For example, one person's care records had very detailed information about the support they required to make drinks. Another person's care records had specific guidance to help the person have independence with their money but at the same time keep their money safe.

Although we found good information was provided we found some gaps in the care planning and assessment process. A monitor was used to help keep one person safe but there was no assessment to show the risk to the person was assessed. Therefore it was not clear if the risk was being managed appropriately. There was no guidance about when the monitor should be used and how their privacy would still be respected. Another person's care records did not identify the risk they posed to others even though there had been incidents recorded. One person's activity plans were altered; staff said this was because the person's behaviour had been inappropriate when they were shopping which was an indication they were not

coping so the activity was stopped. A Deprivation of Liberty Safeguard had been completed prior to the activity being stopped which involved restricting access to the community and encompassed a best interest decision. There was no detail in the person's daily records about the problems experienced when out shopping. It is important this is recorded to ensure people's welfare is monitored, and care planning and reviewing processes are effective. The registered manager agreed to review these assessments and care plans. People's care files contained lots of information and some detail was duplicated. The management team explained they were introducing a new format to help ensure care planning was effective. They said this would also help identify any gaps.

Some people attended care reviews where they decided and agreed what they would like to do. These were held every few weeks and also attended by management and staff. This helped ensure people developed their care and support. Some people chose not to attend their care review and it was not clear from reviewing their records how they had contributed to the care planning process. The management team said they were looking at individual ways of involving people in the new care planning.

The service was divided into three units. These provided different types of care so was flexible and responsive to people's needs. Two units provided higher levels of support. One unit was a 'transitional unit' and helped people prepare for a more independent lifestyle.

Professionals told us the service was person centred. One professional said, "The service has a history of taking in clients from other services, where they may be experiencing difficulties.

After liaison through the multi-disciplinary team meetings, support packages were put in place for this individual, whose behaviours soon reduced to almost zero. The [name of unit] experiences very low levels of anxiety from the individuals who live there, which comes as a result of effective, comprehensive and thorough support plans. There is also a big focus from the team on independence skills and community involvement; the team constantly strive for the best for their service users and constantly show committed attitudes to long term solutions and support plans."

People told us they would talk to staff or the manager if they had any concerns. We saw a pictorial complaints

Is the service responsive?

policy was held in people's file although this was not displayed. The registered manager told us people were given support to make a comment or complaint where they needed assistance. No complaints had been received since June 2014. We looked at the record of complaints, which showed complaints were fully investigated and resolved

where possible to the person's satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. The registered manager told us there were no ongoing complaints. We saw a recent compliment where a family member had written 'a big thank you to all the staff at Whitwood Hall'.

Is the service well-led?

Our findings

The service had a registered manager who oversaw the care given. The registered manager and deputy manager worked alongside staff and provided support and guidance where needed.

We received very positive feedback about the management team from staff and health and social care professionals.

The registered manager and deputy manager had very detailed knowledge of everyone who used the service. We observed people who used the service were relaxed and familiar with the management team.

We observed staff were also relaxed and had a good relationship with the management team. They all treated each other respectfully and acted in a professional manner. One member of staff said, "It's really well organised. They are on top of everything. It's not about hierarchy it's about team work." Another member of staff said, "We get really good support and they are always available. You can go to them with anything. There are so many things in place to make sure we are doing what we should be doing. Monitoring is good."

We received the following feedback from health and social care professionals. A local practice stated, "The consensus of opinion from our surgery tends to be that Whitwood Hall is very well led with a proactive supportive management team." Another professional told us they were "good at communicating re significant events / issues". Another professional said, "The team is managed very effectively by [name of registered manager], who has a passion and drive that shines through to help support and empower the service users living at Whitwood Hall. She is a dedicated and professional individual, ensuring communication between all members of the multi-disciplinary team, as well as the support workers working with her. She and the team at Whitwood Hall have always been proactive in their plans to support their clients, requesting assessments, reviews, and support and advice in a timely and well managed manner."

Staff had clear roles and responsibilities and knew what was expected of them. At the beginning of each shift the management team communicated with the staff on duty. Specific duties were allocated which included working with people on a one to one basis and health and safety checks. Staff filled in check sheets so they could demonstrate all

tasks had been completed. Staff also signed care plans and other documents, such as policies and guidance to show they had read and understood the information. Regular staff meetings were held and it was evident from the meeting minutes that topics relating to the quality of care and safety were discussed.

The team had a 'float your boat' project where team members and management recognised good practice and formally acknowledged this. A notice board contained recent examples of good practice.

The provider held management meetings and supervisions with the registered manager. We asked to look at provider visit reports to establish what was checked and who was consulted but were told although the provider visited the service there were no visit reports. A provider quality assurance visit was carried out in June 2014. A report was written, and it was evident staff had been involved and records were reviewed. An action plan was drawn up. A follow up visit to find out if these actions were completed was due in June 2015.

We found there were some gaps in the way the provider monitored the overall service. The home's management team provided some data to the provider such as staff training, accident and incidents, complaints, the number of person centred reviews out of date, the number of health action plans out of date and the number of environmental risk assessments out of date. The provider told us there was a central database for safeguarding. During this inspection, we identified that records for checking window restrictors were not monitored, fire testing was not carried out in line with the home's fire risk assessment and not all safeguarding incidents were shared with the provider. The provider had arranged a health and safety visit on the same day as the inspection but postponed this to free up the management team. They said the shortfalls identified at the inspection would have been picked up during the provider's health and safety visit. The provider told us they were reviewing and developing some of their systems to ensure they monitored the service more robustly.

We asked to look at feedback from people who used the service. No survey or questionnaire results were available. The provider told us they were collating results from recent questionnaires and results showed the service had improved in all areas. The management team said people

Is the service well-led?

who used the service did not attend 'house' or 'service user' meetings although one was held a few months ago in one of the units. A staff survey from 2013 was provided and these showed responses were mainly positive.

Care planning reviews were held on a regular basis and these provided some people with opportunities to talk about the service they received. Good information was

recorded to show changes were made to people's individual care packages following reviews. However, the reviews were not for providing feedback about the way the service was led. The management team said they would look at gathering people's views on a more regular basis to ensure people have opportunities to be involved and help drive improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person did not have suitable arrangements to ensure people were safeguarded against the risk of abuse.