

Chitimali Locum Medical Limited

Whitworth Lodge

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

Whitworth Lodge is a 'care home'. People in care homes receive accommodation and 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.

Whitworth Lodge accommodates up to six people with a learning disability in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. At the time of this inspection there were six people using the service.

This inspection took place on 2 October 2018. At our last comprehensive inspection of the service in August 2017 we gave the service an overall rating of 'requires improvement'. This was because the provider did not always make records relating to people's capacity to consent to or agree to the care provided. The provider had not always notified CQC or other external organisations, as required, of significant events or incidents involving people and staff. And, systems were not in place to record accidents and incidents consistently. As a result, we identified that arrangements to monitor the service were not always robust as they had not identified the issues we found during that inspection.

At this inspection we found the provider had used the learning from the previous inspection to make improvements at the service. People's capacity to make decisions about their care had been documented in their records. People's relatives and relevant healthcare professionals had been involved in making decisions in people's best interests, where people lacked capacity to do so, and these decisions were also documented. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

The service continued to have a registered manager in post who was fully aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service. Our records showed these had been submitted when required and in a timely way.

The provider had introduced a standardised reporting system for accidents and incidents to ensure clear and consistent records were maintained as well as support the service to improve from any lessons learnt. When things went wrong the provider acted to make improvements. We saw improvements had been made following an incident involving a person to help reduce the risk of a similar incident reoccurring.

The provider had enhanced their arrangements for monitoring and assessing the safety and quality of the service. Senior manager's audits were now recorded which gave a clear picture of any improvements that were needed. The registered manager undertook regular checks of key aspects of the service and acted to make improvements when required. Records relating to people, staff and to the management of the service were accurate, up to date and well maintained.

Staff knew how to safeguard people from the risk of abuse and how to report any concerns about people to the appropriate person and agencies. Staff understood the risks posed to people and followed current guidance about how these should be minimised to keep people safe from injury or harm.

Risks posed by the premises were appropriately managed. The provider maintained a servicing programme of the premises and the equipment to ensure areas covered by these checks did not pose unnecessary risks to people. Since our last inspection they had improved arrangements relating to checks of water hygiene to prevent legionella accumulating in the water system. The premises were clean. Staff followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care, cleaning the premises and when preparing and storing food.

Medicines were stored safely and securely, and people received them as prescribed. The provider had made improvements to the way they checked that staff remained competent to administer medicines. This helped ensure all staff were working in a consistent and safe way when administering medicines.

There were enough staff at the time of this inspection to meet people's needs and keep them safe. The provider maintained a robust recruitment and selection process and carried out appropriate checks to verify staff's suitability to support people. Staff received training to help them meet people's needs and had work objectives that were focussed on people experiencing dignity in care. Staff knew people well and understood people's needs, preferences and choices. They were aware of people's preferred communication methods and how people expressed their needs.

People and their representatives continued to be involved in planning their care so that they would receive personalised support. Staff followed current best practice, legislation and standards to support people to experience good outcomes in relation to their healthcare needs. People and their representatives were involved in reviews of their care which helped to ensure that the support provided continued to meet their needs.

People were supported to keep healthy and well, eat and drink enough to meet their needs and to access healthcare services when needed. The design and layout of the premises provided people with flexibility and choice in how they spent their time when at home. People participated in a wide range of activities and events at home and in the community to meet their social and physical needs. They were supported by staff to be as independent as they could be. Staff were kind, patient and considerate and treated people with dignity and respect. They ensured people's privacy was maintained when being supported with their care needs. People's relatives were welcome to visit the service without any unnecessary restrictions.

People and relatives were satisfied with the quality of care and support provided. People, relatives and staff were asked for their views about the quality of care and support provided and how this could be improved. If people were unhappy and wished to make a complaint, the provider had arrangements in place to deal with their concerns appropriately. The provider worked in partnership with others to develop and improve the delivery of care to people.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service had improved to good. The provider ensured people received care in line with the Mental Capacity Act 2005 (MCA). The service was working within the principles of the MCA and DoLS.

Staff were trained and well supported to help them meet people's needs.

People were supported to keep healthy and well and to eat and drink enough to meet their needs. Staff referred any concerns about a person's health promptly to the relevant health professionals.

The design and layout of the premises gave people choice about how they spent their time when at home.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service had improved to good. The provider understood their legal responsibilities for notification of events and incidents involving people and staff.

Systems for recording accidents and incidents had been introduced, to improve consistency in recording and to support the service to continuously improve.

Systems for monitoring the safety and quality of the service had improved to ensure clear management responsibility for making improvements when required.

People, relatives and staff were encouraged to get involved and give feedback about how the service could improve. The provider worked in partnership with others to develop and improve the delivery of care to people.

Whitworth Lodge

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 checked 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 on 2 October 2018 and was unannounced. The inspection was undertaken by a single inspector. Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to the registered manager and a care support worker. We spoke to three people using the service and observed interactions between people and staff. We looked at two people's care records and four staff records. We reviewed medicines management arrangements and records relating to the management of the service, including policies and procedures.

After the inspection we spoke to two people's relatives to gather their views about the care and support provided to their family member.

Is the service safe?

Our findings

Relatives told us their family members were safe at Whitworth Lodge. One relative told us, "I've never seen anything to indicate anything untoward has gone on, so that gives me reassurance." Another relative said, "[Family member] is safe."

Since our last inspection, the provider continued to support staff to safeguard people from abuse or harm. Staff were provided training in safeguarding adults at risk and they demonstrated good awareness of the procedures to follow for reporting concerns to the appropriate person and/or authority. The registered manager confirmed there had been no safeguarding concerns raised about people since our last inspection. They understood their responsibility to liaise in a prompt and timely way with the local authority if safeguarding concerns were raised with them.

Accidents and incidents involving people were recorded and reported without delay to the registered manager for review and to take appropriate action. We saw a good example of this where following an incident involving a person in July 2018 the registered manager liaised with the person, their relative and the staff team to agree ways the risk of the incident reoccurring could be reduced. The person's care records and associated risk assessment were updated to reflect the agreed changes and the registered manager confirmed there had been no repeat of the incident at the time of this inspection.

Staff were provided with up to date information about the risks posed to people and how these should be managed to keep people safe from injury or harm. For example, for a person who had poor mobility there was guidance for staff about how the person should be supported at home and in the community to reduce the risk of them falling and hurting themselves. Staff had a good understanding of the risks to each person and how to support them to stay safe

The provider continued to carry out regular maintenance and servicing of the premises and of equipment used to ensure these remained in good order and safe to use. Arrangements relating to checks of water hygiene had been improved since our last inspection. The provider had contracted an external company to undertake an annual legionella risk assessment to check that appropriate steps were taken to prevent legionella accumulating in the water system.

There were enough staff to support people safely. The registered manager reviewed the level of support people required each day, with their care needs and planned activities, and made sure there were sufficient staff to meet these. On each shift there were suitably experienced and trained staff on duty who would be able to respond to emergencies, for example when a person required first aid or in the event of a fire in the premises.

The provider maintained robust recruitment and selection processes to check that staff were suitable and fit to support people. Recruitment records for two staff employed at the service since our last inspection showed the provider had checked their eligibility to work in the UK, had obtained character and employment references for them, sought evidence of their qualifications and training and undertook

appropriate criminal records checks.

Arrangements were in place to obtain, store, administer and dispose of medicines in an appropriate and safe way. Our checks of stocks and balances of medicines and medicines administration records (MARs) showed people consistently received the medicines prescribed to them. Since our last inspection the provider had made improvements to the way they checked that staff remained competent to administer medicines. A formal competency assessment had been introduced and was used by the registered manager to review staff's working practices in relation to medicines. This helped the registered manager to check that all staff were working in a consistent and safe way when administering medicines.

Systems were in place to reduce risks to people from poor cleanliness and hygiene. Communal areas and people's rooms were clean and tidy. Cleaning materials and equipment was used appropriately to reduce the risk of spreading and contaminating people with infectious diseases. Toilets and bathrooms were equipped with soap, hand towels and guidance to promote good practice in hand washing. Since our last inspection the service had been awarded the highest food hygiene rating of '5'. Staff followed appropriate procedures when preparing and storing food to reduce the risk of people acquiring food related infections that could lead to illnesses.

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

At our last inspection of the service in August 2017 we found improvement was needed because people were at risk of not being cared for in line with MCA. This was because the provider did not always make records relating to people's capacity to consent to or agree to the services provided. At this inspection we found the provider had made improvements to this aspect of the service. People's capacity to make decisions about specific aspects of their care had been documented in their records. People's relatives and relevant healthcare professionals had been involved in making decisions in people's best interests, where people lacked capacity to do so, and these decisions were also documented.

Applications made to deprive people of their liberty continued to be properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations to check that they were still appropriate.

People's needs had been assessed to determine the level of support they required. The information from these assessments had been used to plan and deliver people's care and support in line with current legislation and standards. For example, people's records contained detailed information about how their needs should be met, in line with their specific wishes and preferences, to help them achieve good outcomes and enhance the quality of their lives. Staff told us they supported people to achieve good outcomes by ensuring people received the care and support that had been planned for them.

Staff continued to receive relevant training to help them to meet people's needs. We noted that training for staff in infection control had exceeded the provider's timescale for renewal (every two years). The registered manager confirmed after our inspection this training had been booked for all staff in October 2018. New staff were required to complete the Care Certificate. The Care Certificate is a nationally recognised learning tool to support staff who are new to care. Staff had supervision meetings and an annual performance appraisal with the registered manager. These meetings enabled staff to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning.

People were supported to eat and drink enough to meet their needs. People could eat meals at times of their choosing and these were individualised to meet their needs and preferences. People's cultural, religious or health needs were catered for. Staff demonstrated good understanding of people's dietary needs and prepared meals in line with people's specific requirements. Staff monitored how much people

ate or drank and sought advice from the relevant health specialists about how people could be better supported with their nutritional and hydration needs when this was required.

Staff supported people to keep healthy and stay well. People had a current health action plan which set out how they should be supported to manage their health and medical conditions and to access the services they needed to support them with these. Staff supported people to attend their health and medical appointments and shared outcomes from these with their colleagues so that they were aware of any changes or updates to the support people required. Staff referred any concerns they had about a person's health or wellbeing promptly to the relevant health professionals. A relative told us staff kept them well informed about any changes in their family member's health and wellbeing.

The design and layout of the premises provided people with flexibility in terms of how they could spend their time when at home. In addition to their own room, people could spend time in the communal lounge, kitchen/diner and in the large garden, which had been improved, with people's involvement, since our last inspection. One of the communal bathrooms had also been upgraded. People's individual preferences reflected how their bedrooms were decorated and we saw these were highly personalised.

Is the service caring?

Our findings

Relatives told us staff were kind and caring towards their family members. One relative said, "They all look after [family member] so well. There's lots of activities and they spend time with [family member] and I think that's why [family member] is happy. I do watch [family member] with staff occasionally and they always look they are having fun together. They really do care about all the people there." Another relative told us, "All the staff are absolutely lovely."

We observed, when supporting people, staff were kind, patient and considerate. Staff greeted people warmly and used people's preferred name in conversations. They made sure to ask people how they were and sought their consent before providing any support. People were not rushed and given the time they needed to make choices or decisions about what they wished to do. People appeared relaxed and comfortable with staff and did not hesitate to communicate their need for staff's support. During a group singing activity in the afternoon staff made sure everyone was able to join in if they wished, so that nobody was excluded.

There was good information for staff on people's care records about how people communicated and expressed themselves which helped staff better understand what people wanted in terms of their care and support. Staff clearly knew people well and understood their needs as they were able to anticipate what people required. Staff also knew how to support people if they become anxious or distressed so that this was done in a caring and considerate way.

Staff maintained people's right to privacy and to be treated with dignity. We saw a good example of this for one person who did not want curtains or blinds on their bedroom window. To maintain their dignity and privacy, the provider had installed a frosted covering on the person's window so that the person would not be overlooked when in their room whilst still letting in natural light. People's records prompted staff to provide support in a dignified and respectful way. Staff knew how to respect people's privacy and dignity which included ensuring people were offered choice, were not rushed and given the time they needed to do things at their own pace. Personal care was provided in the privacy of people's rooms or in the bathroom. When people wanted privacy, staff respected this so that people could spend time alone if they wished.

People were supported by staff to be as independent as they could be. One person told us they liked to go to the local shops to buy things for themselves and other people when needed. Staff helped them do this by writing up a shopping list to help the person remember what to buy. A relative said that their family member had a good quality life at the service as they were encouraged by staff to express their views and to be as independent as they could be. People that could carry out elements of their personal care themselves were encouraged by staff to do so, to maintain these skills. Staff supported people to clean and tidy their rooms, do their laundry, their personal shopping and to participate in the preparation of meals and drinks if they wished. Staff only took over when people could not manage and complete tasks safely and without their support.

Is the service responsive?

Our findings

Since our last inspection people continued to receive personalised care. People and their relatives remained involved in planning and reviewing the support required to meet their needs. Staff took full account of their preferences and choices and made sure their social and cultural needs and values and beliefs were respected when providing the support people required. We saw good examples of this during this inspection including a person being supported to attend faith services in the community, a person's meals reflecting their cultural background and a person's room being decorated with pictures and symbols from their country of birth.

People's care records were current and contained detailed information about the support they needed with their personal care, diet, finances, their physical and psychological health and their social needs. There were clear instructions for staff on how people's needs should be met whilst maintaining their safety from any identified risks. Each person had an allocated 'key worker' who was responsible for ensuring their care and support needs were met. People had monthly meetings with their key worker in which they reviewed their progress in meeting their care goals. Staff maintained records of these meetings which helped the registered manager monitor and evaluate what was working well and what needed to be improved or changed in relation to the support being provided. When changes to people's needs were identified, their records were updated promptly so that staff had the latest information about how to support people appropriately.

People remained active and participated in a wide range of activities and events to meet their social and physical needs. One relative said, "They (staff) are always finding creative things for people to do."

Staff had planned a range of activities for people to do on a daily and weekly basis that reflected people's interests and preferences. This included visiting a day centre, attending a weekly lunch club, shopping trips, going out for meals and day trips and outings. Staff helped people to stay in touch with their family and friends. The provider maintained an open and welcoming environment and family and friends were encouraged to visit and to participate in activities and events both in the home and in the community.

People and relatives were satisfied with the care and support provided. One person told us they were happy at Whitworth Lodge and enjoyed their life and activities. A relative said, "I think the service is brilliant. [Family member] loves it there." Another relative told us, "The staff team are excellent. Can't find anything bad to say about them." The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. Following our last inspection, the provider had updated their complaints procedure to provide more relevant information about who people could contact if they were dissatisfied with the way the service had dealt with their complaint. The procedure was displayed in communal areas and available in an accessible format for people to raise their concerns.

Staff at the service had received training to support people at the end of their life. This had been delivered and accredited by an external specialist service. Although the need for this support was not required at the time of this inspection these skills and knowledge could help give people the comfort and dignity they deserved at the end of their lives if this need should arise.

Is the service well-led?

Our findings

At our last inspection of the service in August 2017 we found improvement was needed because the provider had not always notified CQC or other external organisations, as required by law, of significant events or incidents involving people and staff. We also found systems were not in place to record accidents and incidents consistently. As a result, we identified that arrangements to monitor the service were not always robust as they had not identified the issues we found during that inspection.

At this inspection we found improvements had been made by the provider. The service continued to have a registered manager in post. 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. In our discussions with the registered manager it was clear they were fully aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service. Our records showed these had been submitted when required and in a timely way. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

Systems to record accidents and incidents had been improved. The registered manager had introduced a standardised reporting system which all staff now followed. The registered manager reviewed all reports and documented the actions they took to ensure people received the appropriate support. This improvement helped to ensure clear and consistent records were maintained as well as enable the service to continuously improve from any lessons learnt.

The provider continued to monitor and assess the safety and quality of the service. These arrangements had been improved since our last inspection as the operations manager now recorded their findings from their audits of the service. This gave the registered manager a clear picture of any improvements that needed to be made following these audits and they were fully accountable for these changes being made. The registered manager undertook regular checks of key aspects of the service and acted to make improvements when required. Records relating to people, staff and to the management of the service were accurate, up to date and well maintained.

The provider had clear values and vision for the service which were focussed on people experiencing dignity in care. Staff's work objectives reflected these values and vision and all staff were dignity champions. Dignity champions are people who sign up to a campaign run by the National Dignity Council, pledging to challenge poor care, to act as good role models and to educate and inform all those working around them. The registered manager met with staff regularly to check they were achieving these objectives and making positive contributions to the overall quality of people's lives. Minutes of staff team meetings and individual supervision meetings showed staff were commended by the registered manager for positive contributions and achievements attained when supporting people.

The provider maintained an open and inclusive environment where people, relatives and staff were

encouraged to get involved and give feedback about how the service could improve. People's views were sought through meetings with their key worker, 'house meetings' and quality surveys. Relatives were also asked for their views through quality surveys. Staff's views about the service were sought through individual supervision, staff team meetings and an annual employee survey. Responses from the latest surveys indicated a good level of satisfaction with the service from people and their relatives.

The provider worked in partnership with other agencies. For example, staff worked with local authorities funding people's care so that were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.