Allied Care (Mental Health) Limited

Whitehaven

Inspection report

43 Summerley Lane,
Bognor Regis, PO22 7HY
Tel: 01243 587222
Website: www.alliedcare.co.uk

Date of inspection visit: 10 and 11 December 2014
Date of publication: 17/02/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection which took place on 10 and 11 December 2014.

Whitehaven provides support and accommodation for adults with a variety of learning disabilities and mental health conditions. These include Down's syndrome, autism and Asperger syndrome and schizophrenia. At the time of this inspection there were 11 people living at the home. Nine people were able to communicate verbally and independently. People's levels of support varied; with one person requiring one to one support whilst others needed emotional support and were independent in other aspects of their lives.

During our inspection the registered manager was present. 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 and associated Regulations about how the service is run.'

People told us that they were happy with the support they received from staff and that they were treated with kindness. However, staff did not always ensure people's dignity was maintained when they were in a state of undress.

Summary of findings

People were supported to express their views and to be involved in making decisions about their care and support. Staff knew each person's individual needs, traits and personalities. People were supported to access and maintain links with their local community. Support plans were in place that provided detailed information for staff on how to deliver people's care.

The service had good systems in place to keep people safe. People told us they felt safe. Staff were aware of their responsibilities in relation to safeguarding. The manager was clear about when to report concerns and the processes to be followed to inform the local authority and the Commission in order to keep people safe. Medicines were managed safely.

People were able to make choices, to take control of their lives and supported to increase their independent living skills. Risk assessments and support plans were in place that considered potential risks to people and strategies to minimize these were recorded and acted upon. People were supported to access healthcare services and to maintain good health.

People told us that there were enough staff on duty to support them and meet their needs. Appropriate recruitment checks were completed to ensure staff were safe to support people. Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. Staff received training, supervision and appraisal that supported them to undertake their roles and to meet the needs of people.

Whitehaven met the requirements of the Deprivation of Liberty Safeguards (DoLS) and people confirmed that they had consented to the care they received. Staff were kind and caring and people were treated with respect. Staff knew what people could do for themselves and areas where support was needed.

People told us that management of the home was good. Regular meetings were held with people and staff that encouraged open and transparent communication between people and management. Staff understood the vision and values of Whitehaven and the manager monitored that these were reflected in the support that people received.

Quality assurance audits were completed which helped ensure quality standards were maintained and legislation complied with. Accidents and incidents were acted upon and reviewed on an individual basis to prevent or minimise re-occurrence.

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?

Good

The service was safe. People told us that there were enough staff on duty to support them and meet their needs. Potential risks were identified and managed so that people could make choices and take control of their lives.

Staff knew how to recognise and report abuse correctly.

People received their medicines safely.

Is the service effective?

Good

The service was effective. Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. People consented to the care they received and Whitehaven was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The home followed the requirements of the Mental Capacity Act 2005.

People played an active role in planning their meals and were supported to eat balanced diets that promoted good health. People's healthcare needs were met.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring. People told us that they were treated with kindness and that positive, caring relationships had been developed. We observed that staff knew the needs of people. However, staff did not always ensure people's dignity was maintained.

People told us that they exercised choice in day to day activities. Systems were in place to involve people in making decisions about their care and treatment but people were not always supported to use these.

Is the service responsive?

Good

The service was responsive. People received individualised care that was tailored to their needs. They were supported to access and maintain links with their local community. Staff supported people to develop their independent living skills.

People felt that they were listened to.

Is the service well-led?

Good

The service was well led. The manager was committed to providing a good service that benefited everyone and people were encouraged to be actively involved in developing the service. Staff were motivated and there was an open and inclusive culture that empowered people.

Summary of findings

People's views were sought and used to drive improvements at the service. Quality assurance systems were in place that helped ensure good standards were maintained.

Whitehaven

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.

One inspector carried out this unannounced inspection which took place on 10 and 11 December 2014.

Before the inspection, we asked the provider to complete a 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. We reviewed the completed PIR and previous inspection reports before the inspection. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information that we received from Healthwatch West Sussex and spoke with a social care professional who is involved in monitoring the care that one person receives. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with six people who lived at Whitehaven, two support workers, two senior support workers and the registered manager. We observed care and support being provided in the lounge, dining area and, with their consent, in four people's bedrooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the home was managed. These included care records for five people, two medicine administration record (MAR) sheets and other records relating to the management of the home. These included three staff training records, support and employment records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires, menus and incident reports.

Whitehaven was last inspected on 28 October 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People told us that they felt safe. Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. The manager was clear about when to report concerns. He was able to explain the processes to be followed to inform the local authority and the CQC. The manager also made sure staff understood their responsibilities in this area. They explained, "During induction I reinforce the importance of reporting and of challenging practice and of raising concerns". The manager also told us that a member of staff had given a presentation to people who lived at Whitehaven about what keeping safe means using an easy to read tool. When we spoke to people, although they told us that they felt safe, three people did not know what this meant. The manager said that further work would be undertaken in this area so that people would understand the concept of being safe and protected from abuse and harm.

People were able to make choices and take control of their lives. Risks were identified and managed that supported this. Three people had their own key to their bedroom door, two also had a key to the front door of Whitehaven and some people who lived at the home were able to go out into the community independently. Risk assessments and support plans were in place that considered any potential risks and strategies to minimize these. Throughout our inspection we observed people entering and leaving the home, some with assistance from staff and others independently.

Staff described the ways they supported people with any behaviour that challenged. These included distraction techniques, observation from a distance and allowing outbursts of anger in a safe and controlled environment to protect others. No forms of physical restraint were used with people. Staff were trained in distraction techniques and physical restraint was not used.

Checks and risk assessments had been undertaken on the home environment to ensure it was safe. Equipment had also been checked to ensure it was safe for people. These included gas appliances, lift, emergency lighting and fire alarm systems. Health and safety audits had been completed by the provider's quality assurance team and action taken to address any issues.

Accidents, incidents and safeguarding concerns were investigated and recorded on an individual basis. Monthly reports were completed by the manager and shared with the provider that included statistical data about accidents, incidents and concerns. The manager confirmed that an analysis did not take place that looked at overall trends or themes to identify what, if any action could be taken to prevent future occurrence. He said that he would introduce a system for this. There was no evidence that indicated this had impacted on people's safety.

People told us that there were enough staff on duty to support them and meet their needs. We observed that, on the day of our inspection, there were sufficient staff on duty. Staff were available for people when they needed support in the home and in the community. Between six and seven staff were on duty at the home during the day with an additional member of staff on duty during the day specifically to support a person on a one to one basis. Staff told us that they had enough time to support people in a safe and timely way. We looked at the staff rotas for the three months previous to our inspection. These demonstrated that staffing levels had been maintained to the assessed levels required for each person.

Recruitment checks were completed to ensure staff were safe to support people. Three staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID. Occasionally the home had used agency staff to cover shifts. Agency staff also had criminal record checks undertaken before they could work at the home. They were required to read the home's policies and procedures, people's care records and shadow permanent staff before they undertook a shift. The manager informed us that the home was currently using three regular agency staff to ensure people received consistent and safe support.

Medicines were managed safely at Whitehaven. People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. At the time of our inspection no one who lived at Whitehaven was managing their medication themselves. There were up to date policies and procedures in place to support staff and

Good

Is the service safe?

to ensure that medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. Staff were able to describe how they ordered people's medicines and how unwanted or out of date medicines were disposed of and records confirmed this. They also showed that staff had been trained in the administration of medicines and their competency assessed and staff confirmed this.

Systems were in place that helped ensure people's behaviour was not controlled by excessive or inappropriate use of medicines. For example, for people who were prescribed 'as and when required' (known as PRN) medicines to help them when they became agitated or distressed, guidelines were in place that ensured these were given safely. These included staff having to gain authorisation from a manager before administration and regular reviews with psychology and behaviour support teams.

Some prescription medicines are controlled under the Misuse of Drugs Act 1971 - these medicines are called controlled drugs or medicines. Controlled medicines were stored safely and separate records maintained. The stock of controlled medicines reflected the amount recorded in the controlled drugs book.

Good

Is the service effective?

Our findings

People told us that they were happy with the support they received from staff. One person told us, “They are good”. Another person said, “They help me clean my room”.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. All new staff completed an induction programme at the start of their employment that followed nationally recognised standards. We spoke with a new member of staff who was in the process of completing their induction. They told us that they had completed three days of their induction. During this time they had read people’s care records and were reading the home’s quality manual which they then had to sign to confirm they had understood the contents. They confirmed that the induction process included shadowing other staff and spending time with people before working independently. Training was provided during induction and then on an ongoing basis.

Staff were trained in areas that included first aid, fire safety, food hygiene, infection control, medication and moving and handling. A training programme was in place that included courses that were relevant to the needs of people who lived at Whitehaven. These included understanding schizophrenia, autism and Asperger’s syndrome awareness, learning disabilities communication and equal opportunities. Staff were provided with training that enabled them to support people appropriately.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions every six to eight weeks and group staff meetings. All staff that we spoke with said that they were fully supported by the manager. One person said, “We get supervision about every six weeks and extra if we want it. He’s the best manager I have had”.

Whitehaven was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Whilst no-one was currently subject to a DoLS, the manager understood when an application should be made, how to submit one and the implications of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. Records were in place of a DoLS application that the manager had recently submitted in relation to a person who was not allowed to leave the home by independently and lacked capacity to consent to this practice.

Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people’s best interests. Where people lacked capacity to make certain decisions, assessments had been completed and best interest meetings held with external professionals to ensure that decisions were made that protected people’s rights whilst keeping them safe. For example, one person’s movements were restricted by an item of clothing that stopped them harming themselves. Assessments had been completed that confirmed that the person lacked capacity to consent to the item of clothing. Records confirmed that best interest meetings had taken place with the person’s social worker, members of the positive behaviour team, a speech and language therapist and relatives of the person where it had been agreed the use of the clothing was the least restrictive way of helping the person to maintain their safety.

Mental capacity and DoLS training was included in the training programme that all staff were required to participate in, with seven of the 14 staff employed having completed this at the time of our inspection. The manager told us that the remaining staff would complete this training within the next 12 months.

People confirmed that they had consented to the care they received. They told us that staff checked with them that they were happy with support being provided on a regular basis. During our inspection we observed staff seeking people’s agreement before supporting them and then waiting for a response before acting on their wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

People played an active role in planning their meals during residents’ meetings and had enough to eat and drink

Good

Is the service effective?

throughout the day. People were happy with the support they received and had a balanced diet that promoted healthy eating. One person told us, “I really enjoyed my lunch today”. People were supported to help cook light meals in the kitchen and some were able to prepare food independently. At breakfast and lunchtime people were observed enjoying a variety of light meals of their choosing. Some people chose to sit in the dining room while others sat in the lounge. People told us that as they were out in the day, the main hot meal was usually served in the evening. This was seen as a social event when everyone got together to discuss their day.

People were supported to access healthcare services and to maintain good health. People told us that they were happy with the support they received to maintain good health. They told us that staff supported them to visit their GP, dentists and opticians. Records showed people were supported to attend annual healthcare reviews at their local surgeries and that women were supported to attend breast and cervical cancer screening clinics. People were also supported with their mental health needs. This included regular appointments with psychologists and behaviour support teams. A social care professional involved with the care of one person told us, “They work effectively with mental health services to manage the mental health and care needs of the person”.

People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital. They also had health action plans in place which supported them to stay healthy and described help they could get. A Disability Distress Assessment Tool (DisDAT) had been completed for one person which helped staff identify if the person might be in pain or discomfort and require medical attention. This tool was designed to help identify distress in people who have severe limited communication. The manager showed us a dental passport that was going to be introduced for each person to ensure important information was shared with dental staff when needed.

Requires Improvement

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day to day care. One person told us, "They help me to look towards the future. They are kind".

However, we did observe one situation where staff did not support a person to maintain their dignity. A person came into the lounge with a bathrobe on. The robe did not have a belt and the person was naked underneath. As they walked around the lounge their body was exposed. There were other people in the lounge. Two members of staff were present and neither offered advice or support to the person and as a result their dignity was compromised. Records stated that this was a known behaviour of the person with guidelines in place from a clinical psychologist that had been shared with staff. No one reacted to the person being naked and it was obvious that staff had become complacent in the support given to the individual. One member of staff said, "They always walk around naked. The fact that they are wearing a robe is an improvement on how things used to be". On the second day of our inspection the person was seen to be dressed with items of clothing that preserved their dignity. The manager agreed that what we had observed on the first day of our inspection was totally unacceptable.

Apart from the situation above, positive, caring relationships had been developed with people. We saw frequent, positive engagement with them. Staff patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was relaxed with laughter and banter heard between staff and people. We observed people smiling and choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff appeared dedicated and committed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records.

The manager told us that he spent time with people on a daily basis in order to build relationships of trust and to monitor how staff treated people. Records confirmed that the manager also discussed staff practices within supervision and at staff meetings. We observed people approaching the manager and vice versa. It was apparent that people felt relaxed in the manager's company and that they were used to spending time with him.

People were supported to express their views and to be involved in making decisions about their care and support. Each person was allocated a key worker who co-ordinated aspects of their care. Keyworkers were knowledgeable about the people they supported and their current needs. Records were in place of monthly reports completed by key workers that gave an overview of the person they supported. People were not routinely involved in the monthly review and therefore these meetings did not help people to be actively involved in making decisions about their own care and support requirements. The manager told us that the keyworker system was "a work in progress" and that he was trying to "make it more live and centred on the person".

Regular residents' meetings took place that helped people to express their views. We noted that the latest minutes of residents' meetings had been produced in an easy to read format to aid communication for people. During these meetings people were regularly asked for their views on staff that supported them. In addition, each person had an annual service review that they attended along with important people in their lives.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. A social care professional involved with the care of one person told us, "Staff have observed quickly if the resident's mental health is deteriorating and contacted the mental health services promptly. They recently responded well to requests for more day activities to be arranged for this particular resident". One person showed us their fingernails which had been painted. They were very happy with these, smiling and showing pleasure with how they looked. A member of staff explained that this person was supported to regularly visit a beauty salon where they had manicures and facials as they really enjoyed these experiences.

People were supported to access and maintain links with their local community. One person told us that they had visited local shops that morning to purchase Christmas presents for friends. They told us, "She (pointing to a member of staff) came with me into Bognor to help me get the last of my Christmas presents. I'm nearly sorted now". Food for the home was purchased weekly from local supermarkets. People at Whitehaven helped with the food trolley and with the loading and unloading of shopping from the home's transport.

A recently introduced weekly activity board was displayed which detailed suggestions for activities. People confirmed that the activities offered were flexible and included both in-house and external events. One person told us, "I made Christmas cards. We talk about what we want to do in the house meetings. You don't have to join in if you don't want to". Another person told us, "We went to the pub for a meal last night. It was lovely". A Christmas pantomime had been arranged for the week after our inspection where friends and families of people had been invited.

People were supported to increase their independent living skills based on their individual capabilities. One person had reduced mobility but was still encouraged to do things for themself such as pushing a mop back and forwards when sitting on a beanbag. Another person was supported to pour milk into their cup of tea. Records confirmed that during the residents' meetings people were offered specific responsibilities and household tasks. For example, one person asked if they could put the cutlery on the dining tables and this was agreed. The person told us that they liked to do this and they appeared very proud of this responsibility. The manager showed us a form that he was intending to introduce that would help monitor people's levels of independence. This showed that the manager was committed to helping people reach their maximum potential.

Support plans were in place that provided detailed information for staff on how to deliver people's care. The files were well- organised and contained current and useful information about people. Care records were person-centred, meaning the needs and preferences of people or those acting on their behalf were central to their care and support plans. Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued.

Some of the people who lived at Whitehaven had 'Talk with me' communication books that had been developed to enable staff to understand the specific communication needs of individuals. For example, one person's communication book informed staff 'I am able to make choices about my everyday life. If given verbally, please limit it to two different things else I get confused. Due to my cataract on my left eye, it limits my vision. I prefer to be approached from my right side to prevent me from being startled'. People confirmed that staff supported them in line with their wishes and the contents of their support plans and communication books.

At least once a year each person had an annual review to discuss their care and support needs, wishes and goals for the future. Records evidenced that everyone of importance involved in a person's life were invited to attend, including the person, staff at the home and representatives of the local authority. People told us, and records confirmed, that regular residents' meetings took place where people talked about anything relevant to the smooth running of the home and communal living. Where people raised points or made requests, these were acted upon. For example, when people requested changes to the menu these had been acted upon.

People were routinely listened to and their comments acted upon. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. Whitehaven had not had a

Good

Is the service responsive?

formal complaint raised in over twelve months. The manager said that this was due to the informal structures such as daily chats with people which addressed things straight away.

A laminated, pictorial journey of what to do in the event of needing to make a complaint was displayed on the door to the manager's office. CQC guidance 'Raising a concern with CQC' and 'What standards you have a right to expect from the regulation of your care home' were on file in the manager's office. None of the people living at the home were able to explain the complaints process to us. However, everyone said that they would talk to a member of staff or the manager if they were unhappy. The manager said that further discussions would take place with people so that they understood the homes formal complaints process.

Good

Is the service well-led?

Our findings

People and staff spoke highly of the manager. A member of staff said, "The manager's good in my opinion. He listens, has empathy. He tries to understand and help us". Another person said, "The manager asks everyday if we are ok. If he sees us looking stressed he always asks if there is anything he can help with. He does not wait for you to approach him". Staff were motivated and told us that management at Whitehaven was good. They told us that they felt supported by the manager and that they received supervision, appraisal and training that helped them to fulfil their roles and responsibilities.

There was a positive culture at Whitehaven that was open, inclusive and empowering. Regular residents' meetings took place where people were encouraged to be actively involved in making decisions about the service provided. For example, as a result of people's input at these meetings, bedrooms were decorated and furnished in a way that reflected people's preferences and changes had been made to the menus. We noted that the minutes of the latest residents' meeting held in October 2014 included pictures and the service user guide now included photographs. This showed that the service communicated in an accessible way with people.

The manager had been in post for a year and was aware of areas of the service that required improvement. He told us that he maintained a high visual presence at Whitehaven and people confirmed this. The manager was aware of the attitudes, values and behaviours of staff. He monitored these informally by observing practice and formally during staff supervisions and staff meetings. Since the manager had been in post he had introduced night staff meetings that helped him to share information and create open communication with staff who he might otherwise not see on a regular basis.

The manager told us that his vision for Whitehaven was for person centred care to be further implemented. Staff knew the vision and confirmed that this had been reinforced by the manager. One member of staff said, when asked about the homes vision and values, "To provide person centred care. This is the care they exactly need and want". The manager showed a commitment to improving the service that people received by ensuring his own personal knowledge and skills were up to date. He had recently completed a course titled 'Pathways to dementia'. The manager explained that he felt this would benefit the people who lived at the home who may develop dementia as they grow older.

The manager told us that recruiting staff with the right values helped ensure people received a good service. Records confirmed that during recruitment of new staff interview questions were based on a set of values criteria. For example, the interview question 'Please give an example of a situation where you have spoken up because you had concerns or made a complaint' was based on the values criteria of 'respect, rights, openness, courage, integrity, responsibility, imagination and pride'. The manager explained that this helped to ensure that staff who were appointed had values that matched those of Whitehaven.

A range of quality assurance audits were completed by the manager and the provider's quality assurance team that helped ensure quality standards were maintained and legislation complied with. These included audits of medication, care records, staff records and health and safety. The findings were discussed with staff during staff meetings in order that they knew of changes and/or of potential risks that could compromise quality.

Accidents and incidents had been recorded and outcomes clearly defined, to prevent or minimise re-occurrence. For example, as a result of three medication errors, medication had been moved to a designated room which reduced the risk of staff being disturbed when dealing with medicines. Since then no further errors had occurred.

The manager demonstrated knowledge and understanding of safeguarding issues in line with his position. He was able to explain when and how to report allegations to the local authority and to the CQC. There were clear whistle blowing procedures in place which the manager said were discussed with staff during supervision and at staff meetings. Discussions with staff and records confirmed this. Although staff confirmed that they were aware of the whistle blowing procedures, two of the four staff we spoke with were unable to explain what these were when asked. We spoke to the manager and he assured us he would discuss these in detail at the next staff meeting to ensure everyone understood how the whistleblowing procedures offered protection to people so that they could raise concerns anonymously.

Good

Is the service well-led?

People who received a service, relatives, staff and health and social care professionals were sent annual questionnaires in June 2014 where they were asked for their views. At the time of this inspection 15 staff had returned a completed questionnaire. The findings had not been analysed, however, we noted that all staff had stated that they were either 'very satisfied' or 'satisfied' when asked about their job role, feeling valued as a member of staff and if they were supported by their manager. Despite the lack of completed questionnaires from people who lived at Whitehaven the manager had met with individuals to gain feedback about the quality of service they received. He had compiled a document of people's views which included 'I like to live here because it's good for me', 'I feel safe here and like the staff who support me. They are nice and sociable' and 'It's a nice house here. We have drives out and go to nice places. I also go for walks with staff'.