

# Allied Care (Mental Health) Limited

## Whitehaven

### 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

Whitehaven is a service that provides care, support and accommodation for up to a maximum of 14 adults with a variety of learning disabilities and mental health conditions. Accommodation was over two floors with bedrooms on the ground and first floor. People all had their own bedrooms and there was a communal lounge/dining area and kitchen downstairs. Most of the bedrooms were single occupancy without ensuite facilities. However there was one self-contained flat downstairs and another being refurbished upstairs, these flats had their own kitchen, lounge, bedroom and bathroom in one contained space. These flats allowed people to live more independently and could be a supportive measure to help people to transition to independent living.

At the last inspection carried out on the 10 and 11 December 2014 the service was rated Good overall with the caring section rated as requires improvement. At this inspection we found improvements to the caring section had been made and the service remained good overall.

We carried out this inspection as part of our routine schedule of inspections and to check that people were still receiving a good standard of care and support.

People told us they felt safe with staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take.

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received all essential training and there were opportunities for them to study for additional qualifications. All staff training was up-to-date. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

People were supported to have choice and control of their lives as much as they were able and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were respected by the staff who supported them. People were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided information about people in a person-centred way. People's personal preferences and

their likes and dislikes were documented so that staff knew how people wished to be supported. There was a variety of activities on offer which people could choose to do. Complaints were dealt with in line with the provider's complaints procedure.

Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular meetings with people and staff and feedback was sought on the quality of the service provided. People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular one to one meetings with staff and people took place. These meetings enabled the registered manager and provider to monitor if people's needs were being met.

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 remains Good

### Is the service caring?

Good ●

Improvements had been made to ensure people's privacy and dignity was maintained at all times. This domain is now rated Good.

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# 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 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 on 21 February 2017. One inspector and an inspection manager undertook this inspection. The inspection was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and checked the information that we held about the service and the service provider. This included the last inspection report and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people. We looked at how people were supported in the communal areas of the home. We also looked at plans of care, risk assessments, incident records and medicines records for two people. We also looked at a range of records in relation to the management of the service including quality audits, records of activities undertaken, menus and policies and procedures.

We spoke with four people who used the service to ask them their views and we spoke with three support workers, the deputy manager and the registered manager. Prior to the inspection taking place we received feedback from three social work professionals who had involvement with the service. Following the inspection we also spoke with two relatives to obtain their views on the service provided.

# Is the service safe?

## Our findings

People were well supported by staff and people told us they felt safe. One person said "I feel safe at Whitehaven. I can be myself." With regard to staffing levels one person told us "There is enough staff." Relatives told us they were confident their family member was kept safe and had no concerns.

People were protected from abuse and harm and staff recognised the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. Staff had received training in safeguarding and knew who they could contact if they had any concerns.

Risk assessments were kept in people's plans of care and were associated with each care plan. We saw that risk assessment were in place in a number of areas such as moving and handling, going out into the community, risks associated with the kitchen and risks if people challenged the service. Where risks had been identified, care plans detailed what reasonable measures and steps should be taken to minimise the risk to the person. These were reviewed monthly and gave staff the guidance they needed.

Recruitment practices were thorough and contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed.

The registered manager told us that in recent months, there was a review of the financial costs required to safely run the Allied Care (Mental Health) Limited services and this included the required staffing costs. Staffing numbers deployed had recently reduced to more accurately reflect the care hours that people were funded for. This recent decrease in staff deployment had only occurred in the past week and it was too soon to say what impact this would have. However staff told us that to date this had not impacted on the quality of service provided for people. On the day of our visit there was a minimum of five members of staff on duty between 8am and 2pm. From 2pm to 8pm there was a minimum of four members of staff and from 8pm to 8am there were two members of staff who were awake throughout the night. In addition to care staff the registered manager and deputy manager worked flexibly alongside care staff to offer additional support as and when required. Although there were currently sufficient numbers of suitable staff deployed, the registered manager said he would keep staffing levels under review to ensure that this continued to meet people's needs.

The deputy manager was responsible for medicines and told us medication training was done both online and face-to-face. Following the training, staff were required to complete a 'medication assessment pack' which tested their knowledge of what they had learned. Only staff who had successfully completed training were authorised to administer medicines. This helped to reduce the risk of mistakes being made by inexperienced staff.

All of the people living at Whitehaven had staff support with their medicines. Medicines were stored in a locked cupboard within a locked medicines room. Medicines requiring refrigeration, including insulin and

eye drops, were stored appropriately in a fridge and the temperatures of the fridge were monitored twice a day to ensure they remained within a normal range. Currently the temperature in the medicines room was not monitored. The provider may wish to consider monitoring the room temperature to ensure that when the weather gets warmer/colder, the temperature in the room does not fall outside manufacturers' recommendations. However at the time of the inspection we did not have any concerns about the temperature of the room where medicines were stored.

Medicines were prepared by the supplying pharmacy in blister packs. These were useful as they had a photo of the person for who the medicines were for, printed on the pack. The pharmacy also prepared a list of prescribed medicines which included a picture of what the pills looked like as a reference for staff.

The system for medicines administration involved two staff members to ensure accuracy. After administration, the MAR chart is signed by both staff members. This ensured people received their medicines safely as prescribed. We reviewed a sample of completed MAR charts which were completed appropriately to demonstrate that people had received their medicines as prescribed.

# Is the service effective?

## Our findings

People told us they got on well with staff. When asked if their needs were met we received positive responses from people. We were told by people the food was good and that they had a choice at meals times. Relatives said they were happy with the support provided by staff.

The registered manager and deputy manager told us about the training provided for staff. Training undertaken by staff included; Health and safety, infection control, food hygiene, moving and handling, positive behaviour, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and first aid. The training provided helped staff to obtain the skills and knowledge required to support the people who lived at the home. Staff said the training provided was good and they confirmed they received the training they needed to carry out their work effectively.

The registered manager told us that all new staff members completed an induction when they first started work and this included receiving essential training and shadowing experienced care staff. New staff were expected to complete the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings within the first 12 weeks of employment. The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People 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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager, deputy manager and staff understood their responsibilities in this area and understood the requirements of the legislation. The registered manager told us that seven out of the eight people currently living at Whitethaven did not have capacity to make decisions about their care placement and DoLS applications had been made for these people. To date one had been authorised. The provider knew how an application under DoLS should be made if required.

Staff attended regular supervision meetings and were able to discuss issues relating to their role and the people they supported. Topics covered in supervision included, training and development needs, staff performance and issues around the individual people they supported. One staff member told us they had supervision every two months and said "This is very useful, especially in the beginning. You always have questions so it's good we are having supervision."



People were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet. There was a four week rolling menu which was changed seasonally and people were offered a choice at each meal. Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs. One person told us they previously enjoyed cooking and staff supported them to cook independently. They said "I do sometimes cook when I fancy it". A member of staff said "We ask them what they want to have. At the moment, everyone has a normal diet although they try to encourage (named person) to monitor their sugar intake due to diabetes and they try to fortify (named person) meals/drinks when they have periods when they refuses to eat."

People had access to healthcare professionals and the service worked in collaboration to ensure that people's needs were met. During the morning of the inspection, two people had been supported out with staff to medical appointments including visiting the dentist and one person had treatment for a chronic health condition. The registered manager said people had access to a range of healthcare professionals and these were arranged through GP referrals. Visits to and from professionals were recorded in people's care notes, along with any advice or guidance given. One person told us staff had been responsive to his changing needs and sought appropriate medical advice when needed. They said "A couple of times staff have sought medical advice for health concerns and the ambulance came to check me over." They confirmed they were registered with a local GP surgery and felt their health care needs were met.

# Is the service caring?

## Our findings

At the last inspection in December 2014 we found that people's privacy and dignity was not always maintained. At this inspection we found that improvements had been made.

One person displayed a behaviour where they sometimes disrobed in communal areas. There was information in the person's care plan about this behaviour and how staff should support the person. The registered manager and deputy manager told us staff were vigilant about ensuring the person's dignity and encouraging the person to wear comfortable clothing.

The PIR sent to us by the provider told us that it was essential that staff respect and support people to ensure their privacy and dignity was maintained at all times. Staff told us that if anyone required personal care support, this was always carried out in private. People were seen to be well looked after and staff were kind and caring when providing support. We saw that staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering.

People said they were well cared for. One person said "I like it. It's so peaceful and friendly. The staff are good they are just cheerful and can't do enough for you. I have a laugh". Another person said "I like the staff they are good to me". Relatives told us that staff are very caring and know their relatives well. One relative said "(Named person) get on well with all the staff, they really do care".

One member of staff told us "Personal care is always carried out in private in people's own rooms" Another staff member said "We all (staff) encourage people to do as much as possible for themselves, some people need more support than others but we always try and support and encourage people without drawing attention to them". This approach helped people to develop their own skills to be as independent as possible.

There was a calm and happy atmosphere in the home and staff were very attentive to people's needs. It was a very homely environment and staff dressed in casual attire to add to the homely feel.

Staff were very knowledgeable about people's needs and we could hear them discussing people's needs, wishes and plans with them in a meaningful way. We saw that staff took time to explain to people what they were doing and communicated with them in a way that people could understand.

Staff used people's preferred form of address, showing them kindness, patience and respect. People's rooms were decorated in line with their personal preferences and people were able to bring in personal items to decorate their rooms.

One member of staff told us "If someone does not want support at a particular time they make their wishes very clear". The said if a person refused support at a particular time they would respect their decision and go back later and offer the support again. Although some people did not use verbal communication all the staff knew people well and were able to understand people's body language. This enabled staff to recognised signs if people were becoming frustrated. If necessary staff could then intervene and use distraction techniques to help keep people calm and relaxed.

People had regular one to one meetings with staff to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered. Records of these meetings were recorded and placed in care plan folders.

People were confident and comfortable with the staff who supported them. We observed that staff spent time listening to people and responding to their questions. We saw staff engaging with people and chatting as they went about their duties. Throughout our visit there was a good rapport between staff and people. We observed there was a relaxed atmosphere and people appeared calm and at ease with all the staff, including the registered manager and the deputy manager.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. There was a policy regarding confidentiality and all staff had signed to confirm they understood the policy. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

## Is the service responsive?

### Our findings

People were well looked after. People told us they liked living at Whitehaven. One person said, "I like living here and I am very happy". Another person told us staff were responsive to their changing needs. They said "Staff understand me and my needs" and said staff understood when they were feeling angry and knew how to approach them. They also said they felt staff encouraged their independence and said "I am left to my own devices. For the first time I feel like the shackles have come off."

Each person had a care plan which included, risk assessments and other information relevant to the person they had been written about. The care plan was very comprehensive and covered areas such as personal care, communication, personal safety (when smoking and when going out), mental health (with specific guidance about mental health conditions), medication, diet and weight, choice and decision-making, dental and foot care, daily living social activities, challenging behaviour and MCA/DoLS. The care plan included a first-person description of the person's life, key people in their life, interests, likes and dislikes.

The care plans provided staff with detailed guidance on the care and support people needed and how this should be delivered. Care plans were regularly reviewed and when a person's needs had changed the care plan was updated to reflect this. A member of staff said the care plans were an informative and comprehensive document which gave staff the information they needed. They said "When a person moves to Whitehaven, the first thing we do is create a care plan and we are always renewing them." Of the care plan they said, "Everything is in there they are changing so we are renewing them as things change".

We were told by staff about the keyworking system and the role of a keyworker. One staff member said this was to look after people a bit more including helping people with their shopping and cleaning and to give more attention to your key client. Each month staff completed a monthly report for each person, reviewing what they had achieved, checking people were satisfied and planning for the next month.

Staff told us they were kept up to date about people's well-being and about changes in people's care needs at the handover which was carried out before commencing their shift. Staff told us that the handover was really valuable in getting to know people's current care needs. The handover and updated care plans ensured staff provided care that reflected people's current needs. We were told by a member of staff that staff communicate changes frequently, including at handovers between shifts. Staff completed a written handover form and daily logs to record people's activities and any changes so everyone was aware of people's current care needs.

We observed that staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in with activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. During the course of the inspection we observed that when people requested assistance or asked questions, these were responded to swiftly by care staff.

A range of activities was provided for people. The registered manager and deputy manager told us that some people did not enjoy group activities but preferred individual one to one activities with staff. Each person had an activities plan for each day of the week and we were told by staff this was flexible to reflect people's preferences. Activities included, bowling, arts and crafts, puzzles, ball games, TV and trips into the local community. On the day of our visit one person went out with staff shopping and two other people went out for lunch. One person told us they felt they had enough to occupy their time during the day. This person was new to the area and although they had capacity and could go out on their own it was their wish that at present someone goes out with them. They said "Sometimes I go out in the town centre and I also like to go to Chichester and to the sea front. If someone comes with me my confidence will grow and then I can go out independently". Another person was keen to tell us that they were going on holiday to Spain this year. The deputy manager said staff were in the process of arranging this holiday for them.

There was an effective complaints procedure in place and a copy was given to people and their relatives when they moved into the home. A copy was also on display on the notice board in the home. The registered manager said that he had not received any complaints since the last inspection. Staff told us they would support anyone to make a complaint if they so wished. The registered manager said if any complaints were received they would be discussed at staff meetings so that the provider management and staff could learn from these and try to ensure they did not happen again.

## Is the service well-led?

### Our findings

People told us the registered manager and staff were good and they were always around to listen to them. Relatives confirmed the registered manager was approachable and said they could raise any issues with him or a member of staff. They told us they were consulted about how the home was run and were invited to reviews.

The registered manager told us that both he and the deputy manager were a relatively new management team. Both of them started at Whitehaven in May 2016 although both had worked in other Allied Care (Mental Health) Limited services in different roles. The registered manager told us that managing the service had been challenging but he felt there were many opportunities to make Whitehaven better for people. He said that he, the deputy manager and all the staff had worked very hard to make many improvements which we saw were evident during the inspection.

The registered manager told us he operated an open door policy and welcomed feedback on any aspect of the service. He encouraged open communication and supported staff to question practice and bring his attention to any problems. The registered manager said he would not hesitate to make changes if necessary to benefit people. Staff said there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager and deputy manager had good communication skills and that they all worked well as a team.

The provider had a policy and procedure for quality assurance. The provider ensured that weekly and monthly checks were carried out to monitor the quality of service provision. We saw records that showed the checks and audits that took place included; food hygiene, financial audits, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints.

The provider employed an area manager who undertook a 'Good Governance' visit at least once a month to discuss with the registered manager specific service user concerns, on-going maintenance issues, the quality of documentation/records and other issues affecting the quality and safety of Whitehaven. Following these visits, an action plan was drawn up with clear timescales for completion and identifying who was responsible. At the next visit, the action items from the previous meeting were discussed to ensure they had been completed. The registered manager said he felt supported by the area manager who was always available for advice and support.

People, relatives, staff and stake holders were supported to question practice and asked for their views about the home through a quality questionnaire organised by the provider. These were sent out by the provider who then received and collated any responses. Service user questionnaires were given to people and staff supported them to complete the questions. The last questionnaires were sent in summer 2016 and were in an accessible format—including pictures and simplified wording—to enable people to give their views. Each of the questionnaires had a section for "action required" so staff could follow-up any specific issues people raised in their feedback. However, all of the seven responses received were positive.

The provider and deputy manager said they learned from any incidents, accidents or complaints. A record of accidents and incidents were recorded and monitored on a monthly basis to assess any trends and reduce the incidence of re-occurrence. From the records we looked at we saw that the number of monthly incidents/accidents had reduced from 15 to six in the previous nine months. There were regular staff meetings where issue could be discussed openly and so that lessons could be learned. Staff told us that staff meetings also enabled them to express their views and to share any concerns or ideas about improving the service.

Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose. The management team had introduced an 'Updates File'

to alert staff to any new information or documents related to people's care. Staff were required to read the new information and once all staff had signed to confirm they had read it, the form would be added to the person's care plan. This ensured people were kept up to date. All care records for people were held in individual files which were stored in the office at the home and records were stored securely.