Whitmore Vale Housing Association Limited

Whitmore Vale House

Inspection report

Churt Road
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Surrey
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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on the 27 October 2017 and was unannounced. Whitmore Vale House is a residential home which provides accommodation and personal care for up to 20 people who are living with a learning disability or have a mental health diagnosis. Some people had a physical disability. There is a day centre on site that people can attend during the week. At the time of our inspection 16 people were living at the service.

There was a registered manager in post and present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There were times where staff were not deployed in a way that suited people's needs. This was because of additional duties that staff undertook for example cleaning and cooking. We have made a recommendation around this. There were activities in the service that people could participate in on a daily basis. Work was being undertaken to improve the external activities.

People said that they felt safe. Staff ensured that people were protected against the risk of abuse and told us that they would not hesitate in reporting any concerns. Robust recruitment of staff took place before they started work. There were appropriate numbers of staff available.

Detailed risk assessments took place in relation to people's individual needs. The environment was checked in relation to potential risks to people. In the event of an emergency there were plans in place to protect people.

Accidents and incidents were acted upon and steps taken to reduce the risks. These were analysed by the registered manager regularly and any learning discussed with staff.

People's medicines were managed safely and appropriately by staff. People had access to pain relief when they needed. People's nutritional and hydration were managed to ensure they received the most appropriate care.

People told us that they enjoyed the food at the service. People were supported and encouraged to eat healthily and had access to nutritious food. Health care professionals were involved with the care of people and people were supported to attend health care appointments.

Training and supervision were provided to staff that ensured that the most appropriate care was being provided to people. We saw through observations that staff were knowledgeable and effective in the care that they provided.

The Mental Capacity Act 2005 (MCA) is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. Staff had received training around the Mental Capacity Act (MCA) 2005 and how they needed to put it into practice and staff were knowledgeable in this. People at the service had the capacity to make decisions about their care. There were no people at the service that were being restricted in any way.

Staff showed care and empathy towards people. It was clear that staff had good relationships with people and understood what was important to them. Staff showed patience, dignity and respect and people responded well to staff. Families and visitors were welcomed to the service.

People received individualised care and were able to make choices around how they wanted their room to look and how they wanted their care to be delivered. People were supported to be independent and to make their own choices.

Care plans were detailed and specific to each person. There was guidance for staff on how best to provide the support. Staff were aware of what care needed to be provided. People were set goals to achieve and work was undertaken to ensure that these goals were met.

People were supported to make a complaint if they needed to. Complaints were investigated and improvements made where needed.

People and staff were complimentary of the management and the support they received.

Staff worked well as a team and felt that there had been improvements in the service since the registered manager had started at the service.

Steps were taken to review the care and the delivery with actions to make improvements. Methods they used included surveys, audits, staff meetings and spot checks.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely.

The service was last inspected on the 6 October 2015 where no concerns were identified.

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.

There were sufficient numbers of staff at the service to support people's needs and respond to people when they needed care.

People had risk assessments based on their individual care and support needs. Risks to the environment were managed well.

Medicines were administered, stored and disposed of safely. People felt their medicines were managed well by staff.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

People said they felt safe. There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Good

The service was effective.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs. Staff received appropriate supervision in relation to their role.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People's privacy were respected and promoted.

Staff were caring and considerate towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Requires Improvement

The service was not always responsive. Improvements were required around the deployment of staff.

People did not always feel they were able to go out when they wanted. Improvements were being introduced for external activities.

People had access to activities that were important and relevant to them at the service. There were a range of activities available within the service.

The service was organised to meet people's changing needs. People's needs were assessed when they entered the service and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voices to be heard.

Is the service well-led?

Good

The service was well- led.

The provider had systems in place to regularly assess and monitor the quality of the service the home provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the service. The management and leadership of the service was described as good and very supportive.	

Whitmore Vale House

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 was an unannounced inspection which took place on the 27 October 2017. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law. We reviewed information on 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 visit we spoke with the registered manager, other senior members of the management team, 12 people, one relative and four members of staff. We looked at a sample of three care records of people who used the service, medicine administration records and training records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection was on the 6 October 2015 where no concerns were identified.

Good

Is the service safe?

Our findings

People said that they felt safe and well looked after at the service. When asked what helped them feel safe one person said, "Staff are friendly. You can talk to them. If I didn't feel safe I would talk to the Police." Another person said, "I feel safe." They said they have never not felt safe. One relative told us, "I have no issues with them [staff]. I have never had any worries or seen anything to think he is unsafe."

According to the registered manager three care staff were required each day for all of the flats. In addition to this there were three people at the service that were funded for one to one care for parts of the week and additional staff were provided for this. Where there was staff absence regular bank staff were brought in. In addition the deputy manager and registered manager would also provide support. We saw from the rotas that the required numbers of staff were on duty. During the inspection where people required support from staff this was provided without people having to wait. There were staff that felt that there were enough staff to support people. One told us, "I feel there are enough staff for the three homes. Additional staff can make the homes feel crowded." One person told us, "There are always staff around."

The registered manager ensured that staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff told us, "If I suspected anything I would inform the manager. Abuse could involve money, verbal abuse or if they [people] say something happened to them." Staff were provided with safeguarding training and people were reminded at meetings what they needed to do if they were concerned about anything. Staff told us that they would feel confident raising concerns through the whistleblowing policy.

The PIR stated, 'People are protected from abuse by respectful staff who have had training in safeguarding and have good trusting relationships with individuals, who recognise what makes individuals vulnerable and are proactive in keeping people safe and who promote and empower their dignity. Poor practice is challenged.' We found this to be the case.

Assessments were undertaken to identify risks to people. Each care plan detailed people's individual risks and the management plan to reduce the risks. For example one person smoked. The risk assessment stated that they needed to ensure that they smoked in the designated areas. The same person had a risk assessment that related to their skin condition. The records stated that the person required cream on their legs and that they needed to wear leg stockings. We saw that this was being done. Another person was at risk of choking and guidance stated that staff must encourage the person to chew slowly which we saw staff do. Risks assessments for people were also undertaken in relation to mobility, health related concerns, skin integrity, people's weight and emotional support.

The risks to the environment for people were undertaken. This included risks associated with people using electrical items in the kitchen and that the building was safe for people. Each home has spacious corridors which allowed people with walking aids to access areas independently and safely. One person told us, "I have enough space to use my walker." Fire risk assessments were undertaken regularly and there were personal evacuation plans for each person. This meant that in the event of an emergency or a fire there was

guidance for staff on how best to support the person. Staff were knowledgeable of what to do in the event of a fire. There was a service contingency plan in place in the event that the building had to be evacuated. This included moving people to the providers nearby services.

Where accidents and incidents happened there were actions in place to reduce further risks of them reoccurring. One person had had a number of falls. An occupational therapist had reviewed the person's care and a new walking aid had been provided. The person's bedroom had been rearranged to assist with mobility. The registered manager reviewed all accidents and incidents to look for trends. Staff understood what do in the event of an accident or incident. One told us, "If an incident happens we would record this and notify the 'on call.' I would call an ambulance if needed or take them [the person] to the GP." The PIR stated, 'Accidents, incidents, errors, mistakes and other relevant events are discussed as a team, reflected on and action plans implemented to learn and reduce the risk of reoccurrence and regularly evaluated.' We found that this was happening.

People were supported to take their medicines as prescribed. One person said, "I take one tablet in the morning and I have an injection by the district nurse every day." Each person's medicine was kept in their own rooms in a secure cabinet. The temperature of the cabinet was taken and recorded daily. There were medicine administration records (MAR) for each person that held an up to date photo, details of any allergies and their GPs details. The MAR charts were completed appropriately with no gaps and a weekly stock check of medicines took place. There were 'as and when' protocols in place for staff with guidance for signs to look out for should the person become unwell. We observed one person telling the registered manager that they did not feel well. The registered manager offered the person some pain relief which they gave them. Staff were trained to give medicine and were competency assessed to ensure they followed best practice.

Appropriate checks were undertaken before staff began work. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation including full employment histories, professional and character references.

Good

Is the service effective?

Our findings

People at the service told us that they liked the food at the service. One person said, "The food is alright. I get to choose what I want and where I want to eat." Another person said, "I had nice porridge this morning. It was lovely and hot." A third told us, "The food is very good."

Meals were prepared in each of the three flats served either in the day centre or the flats if people preferred. The registered manager told us that menus for the week were prepared on a Sunday in individual flats. Two of the flats had pictorial menus to assist and in the third people chose to have written menus. Each person was asked individually once they were seated what they would like. Staff offered a choice of fruit juice to people. People were encouraged and supported to eat healthily and we saw the menus contained a variety of nutritious meals for the week.

Where people's nutritional and hydration needs needed to be monitored this was being done. We saw that one person was at risk of malnutrition. There was a risk assessment in place for this and the person had been prescribed high energy and high fat drinks. Food charts were being completed for this person and their weight was checked regularly. Another person had to restrict the amount of fluid intake due to their health condition. The person showed us that they had their own fridge in their room with a measured amount of drink. They understood the need for this and were happy with this arrangement.

People were supported to remain healthy and had access to health care professionals. For example one person was referred to the Speech and Language Therapist in relation to their eating. Advice was given to staff to encourage the person to eat more healthy food and we saw staff offer the person a salad with their meal. People had access to the GP, Mental Health Team, Diabetic nurse, Epilepsy nurse and the occupational therapist. People were supported to visit the dentist, opticians and hospital appointments. One person told us, "I fell over and they called an ambulance for me. They [staff] look after my health."

Staff were sufficiently qualified, skilled and experienced to meet people's needs. Staff told us that training at the service was relevant. One told us, "In my induction I had fire training, looked around the building, read people's support plans and was introduced to residents." The service mandatory training included, nutrition, understanding autism, dignity and respect, epilepsy, moving and handling and infection control. In addition to this diabetes training had been provided to staff and staff had a good understanding of what to do should a person become unwell. One told us, "If someone's sugar levels have gone down they may become dizzy. You might mistake it for sleeping. Give the person something sugary to eat or drink." We saw staff providing appropriate care to people particularly around people's autistic behaviours. One person liked to stick a particular routine and staff supported them with this and understood this. We saw that another person became anxious. Staff reassured the person and reminded them of the strategies that helped them to feel calmer. We did identify that there were some people at the service that had a mental health diagnosis. Mental health training had not been provided to staff however the registered manager provided us with evidence that training had been booked.

The PIR stated, 'Excellent outcomes have been achieved for individuals with a consistent approach

complimented by health care professionals. Staff have a comprehensive induction including the care certificate and regular supervision to develop skills, confidence and competence and motivate, review and self-reflect on their practice and behaviour with objectives set.' This was confirmed in our observations.

Care staff had received appropriate support that promoted their professional development and assessed their competencies. Staff told us they had regular meetings with their line manager to discuss their work and performance and we saw evidence of this. We asked staff about their experiences of supervision and appraisal. One told us, "I had supervision as I do meds and I've had meds competencies done." Other staff told us that meeting with their manager gave them an opportunity to reflect on their practices.

People told us that staff asked their consent to care and we saw that staff obtained consent before carrying out any care for people. This included personal care and medical treatment. One person told us that they were asked if they wanted a flu injection. When they declined staff respected this decision. We saw on the day of the inspection that people were being offered a flu injection and saw that another person refused and explained their reasons. Staff did not pressure the person and accepted their decision.

The Mental Capacity Act 2005 (MCA) is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. Staff had received training around Mental Capacity Act (MCA) 2005 and how they needed to put it into practice. One member of staff said, "Assume capacity. Everyone here has got the capacity to make day to day decisions. We'd have a best interest discussion if it was a major decision, like hospital treatment." Another told us, "We should always assume people have capacity." The registered manager told us that there was no one at the service that did not have capacity for day to day decisions. They told us that if this was ever in doubt they would undertake the appropriate mental capacity assessments.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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. As people at the service all had capacity there was no requirement to apply to the Local Authority in relation to restrictions on them. No one at the service was being restricted of their liberty.

Good

Is the service caring?

Our findings

People were complimentary about the caring nature of staff and told us that they liked living at the service. Comments from people included, "I like living here", "I love it here. I love all the staff", "I like living here. I like the garden the best", "It is very friendly here and I get on well with them [staff]." One relative told us, "I always get a sense that staff are kind."

We observed staff interacting with people throughout the day in a kind and caring way. There was easy going conversation during the day with staff and people. It was a friendly atmosphere and staff knew people well. When one person showed distress during the day. The registered manager spoke with them, held their hand and offered a solution to them to relieve their distress. The person responded, "You cheer me up." Staff spoke calmly and affectionately to people. When staff walked past people they always greeted them. Relatives and friends were encouraged to visit and maintain relationships with people. We saw that family visited on the day of the inspection.

People were able to personalise their room with their own furniture and personal items. Each room was homely and individual to the people who lived there. There was detail in people's care plans about things that were important to people and we saw this reflected in their rooms. One person loved a particular football team. They told us, "My room is warm and comfortable. Having my (football team memorabilia) makes it homely for me." Another person liked dinosaurs and we that their bedroom was themed around this hobby. A third person liked stickers and their room was decorated with them. A fourth liked cowboys and they had a cowboy themed stencil on their wall in their name.

Staff spoke with people in a respectful manner and treated people with dignity. One member of staff waited patiently for a person to ask them a question. The person was struggling to formulate their sentence. The member of staff told them to take their time and listened and waited for what the person had to say. People were able to make choices for example about when to get up in the morning, what to wear and activities they would like to participate in. Those people that chose to stay in the flat instead of going to the day centre were respected by staff. Where people were being supported to have personal care, staff ensured that the doors were shut. Before staff went into people's rooms staff knocked on the door and waited for a response. There were religious services planned for people of particular faiths. A day service is held for people each week.

Staff encouraged independence in people and this was a feature in all the care of the people at the service. Staff encouraged people to do things rather than assume they could not do them. People during lunch were encouraged to eat independently and when people were playing games staff supported people to move the pieces themselves. Where people went out for the day they had a key to their room so that they could lock the door when they left. We saw people going out for the day independently and staff gave them support and advice on what to do when they went out to keep themselves safe. Each person had a meeting with the key worker to discuss things that were important to the person to maintain their independence.

Requires Improvement

Is the service responsive?

Our findings

There were times where staff were not appropriately deployed to support people. We noted that in addition to providing support to people care staff were responsible for cooking and cleaning in the three flats. In one flat a member of staff was cleaning for most of the morning. Those people that chose not to go to the day centre and were still in the flat and did not have the appropriate meaningful interactions with staff as they were busy. One person told us, "Staff that are here have too much to do and can't cope with the pressure. They need to get more staff in. More staff would take the pressure off." There were staff that we spoke with that also felt at times there were not enough of them. One told us, "We could do with more staff particularly as we have to do the cooking and the cleaning." Another member of staff told us, "Some days (there are enough) yes, other days, no. It stops people going out." When we reviewed the surveys completed by people comments were also raised about the lack of staff. Comments included, 'Could we have more staff to do the cleaning', 'Want more staff at weekends so I can go out.'

The registered manager contacted us after the inspection and stated, '[We will] review the deployment of staff at Whitmore Vale House to ensure that people are engaged in what they want to be doing.' They said that they would review the current cleaning rotas so that the emphasis was placed on staff engaging with people more.

There was a day centre at the service that provided day to day activities for people including arts, crafts, cooking and games which we saw people enjoying. In addition outside activities were also arranged with the day centre for example we saw that a trip took place to the seaside. One person told us, "I like doing jigsaws and doing drawing. I don't get bored. I am alright." One member of staff told us, "We go The Hub which is the church coffee shop that I run on a Thursday and it has a free library. We take them [people] to the charity shop and shopping and I go to Bingo on a Monday with them." There were people and staff that felt that people were not always able to go out to activities as much as they wished to. The registered manager told us, "I am trying to raise the profile in relation to activities. We do keyworker meetings with people to talk to them about things they'd like to try." Since the inspection additional days out had been provided to people including a trip to the coast, the rural life centre and to an evening disco.

We recommend that staff are deployed effectively to ensure that people are supported at all times.

People or their relatives were involved in developing their care and support plans. We saw from the care plans that people were asked what support they wanted. The care plans contained detailed information about people's care needs and actions required in order to provide safe and effective care. Pre-admission assessments provided information about people's needs and support. This was to ensure that the service were able to meet the needs of people before they moved in. Staff gathered information from the time of referral from different sources in planning the person's care. For example one care plan for a person who had lived at home with their family showed that staff had gathered the person's medical history and the progress they had made since moving in the service. Staff then used this information to plan goals one of which was to become more independent with their personal care. Another person person's mobility had improved since they had moved in which had reduced the need for a wheelchair.

The PIR stated, 'Detailed care plans which are regularly reviewed empower decision making and are outcome focussed and contain information about the person's needs, preferences, goals, what individuals can do for themselves and what level of support they prefer and how they expect this support to be delivered. Each individual has a designated keyworker.' We found that this was the case.

There were detailed care records which outlined individual's care and support. For example, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. Each person had 'short term goals' and 'long term goals' recorded in their care plan. For example, one person's short term goals were to see their family regularly, to bake cakes and to go to the day centre. All of these goals had been achieved. Another person longer term goal was to sit in a cock pit of an aeroplane and the registered manager had arranged for this to happen.

Two health care professionals had fed back to the service about their views. One had written 'When I first visited [the person] he was lacking in confidence and quite immobile. Today he is now mobilising with a four-wheel walker. His progress is immense. Amazing team, through their work they are keeping people happy'. Another stated, 'Paid several visits to Whitmore Vale House and each time I had a similar experience. The [people] all seem happy and contented and well looked after'.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. One person told us that if they not happy they would speak to staff. They said, "We are encouraged to talk about things when we are not happy with something." We reviewed the complaints received by the registered manager. There had only been one complaint that had been investigated thoroughly. One person complained about the way a member of staff had spoken to them. This was investigated and the member of staff spoken to. People had access to a complaints policy and staff spoke to people about what they needed to do if they were unhappy about something.

Good

Is the service well-led?

Our findings

People and staff were happy with the management of the service. People told us that they liked the manager. One told us, "[Registered manager's name] does things. Haven't got a bad word to say about her. She is good. " Comments from staff included, "The manager is fab, really approachable and open", "She [the registered manager] is excellent. She is very supportive. She has put a lot in place."

The PIR stated, 'The manager leads by example to ensure the highest level of commitment and delivery of care and constantly monitors the quality of the service through audits, spot monitoring out of hours and offers direct support to continually improve the service.' This was reflective in what we found.

Staff morale was good and that they worked well together as a team. One member of staff said that the culture [at the service] had got a lot better within the staff team since the registered manager had joined. They said, "I enjoy working here now." Another told us, "The Atmosphere here is better. We saw the manager interacting with people during the day of the inspection and ensured that their needs were always the priority. We heard the manager and one person chatting together and laughing about something and it was clear the manager had a good relationship with them. We saw during the inspection that the registered manager had an open door policy, and actively encouraged people and staff to voice any concerns.

We looked at how the provider formally sought the opinions of people and relatives of the service. Surveys were completed each year and actions taken where concerns had been identified. As a result of a relatives survey a quarterly newsletter had been launched and an 'open forum' had been introduced for people and relatives to see the registered manager. People had one to one meetings with their key worker to talk through any areas that they felt that required improvement. One person wanted to have more shaving foam for shaving and this was arranged.

There was a system of audits that were being used to improve the quality of care. Each month the provider carried out a monthly audit that covered different themes. In July 2017 the audit covered people's belongings and their rooms. One action was that the furniture was sticky in a person's room and we noted it had been deep cleaned. In August 2017 the audit covered 'communication with stakeholders'. One action was for the registered manager to write an agreement for families to sign as and when medicines leave Whitmore Vale House. The registered manager told us, "I've sent my suggestions as to what the document should contain to senior management." The registered manager carried out observational competency assessments on staff in relation to medicines, personal care and food hygiene. They undertook unannounced visits to the service to assess the care that people were receiving. We did suggest that they may want to introduce audits around care plans and activities and the registered manager confirmed that this would take place.

The registered manager had a lot of knowledge about the people living at the service. At the end of the inspection the registered manager updated us on matters that we had brought to their attention during the inspection to ensure us that these had been addressed. For example in relation to people not going out as often as they wanted. They informed us after the inspection that additional trips had taken place.

We saw the minutes of staff meetings where staff were invited to discuss any concerns they had or raise useful suggestions to make improvements. The minutes identified that matters discussed included, daily duties, people's health care, training and policies. Staff were asked to identify areas of improvement with activities and suggestions were put forward to have pamper days, a healthy eating group and a summer time ball. All of which had taken place.

The service website states, 'Activities may include day centre services, home based activities e.g. shopping, domestic and social skills, clubs and drop-in centres, art and drama. A selection of equipment is provided within the home and is available to be used at resident's choice.' We found this to be taking place.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely.