

Whitmore Vale Housing Association Limited

# Whitmore Vale House

## 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

### About the service

Whitmore Vale House is a care home which provides accommodation and personal care for up to 20 people with a learning disability and autistic people. The service is divided into three separate living quarters, each with their own kitchen and communal areas. At the time of our inspection 16 people were living at the service.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support:

People were cared for by staff who supported them to learn new life skills and retain their independence. People could choose how they liked their care and how they wished to spend their time. One person said, "I go out for dinner and we go to the cinema."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported in taking positive risks in order to promote their independence. Staff had written up risk assessments where guidance was recorded for staff to help reduce people's risks.

People could express their views through meetings and staff took an interest in people and worked with them to achieve their goals and aspirations.

### Right Care:

People were treated with respect by staff. People and staff had good relationships and staff spent time with people to enable them to do the things they wanted, like going to see their girlfriend or taking the bus into town.

People were cared for by a sufficient number of staff who had been trained appropriately. People received the medicines they were prescribed and were supported to access health care professional input when needed. This helped to ensure they retained a good level of health. People were able to choose what they ate and participated in the preparation of meals and drinks.

People lived in an environment which was suitable for them. People said they liked living at Whitmore Vale House and that they felt they were well cared for and safe.

#### Right Culture:

The registered manager had made improvements to the service since our last inspection. Relative's gave positive feedback on management telling us, "The new manager is a good person" and, "The new manager is approachable."

Staff and managers were clear about their roles and responsibilities and staff worked well together as a team. People received person-centred, individualised care as a result from staff who knew people and their needs well.

The registered manager and other senior staff were always looking for ways to improve the service by working with other external agencies, obtaining feedback from people, staff and relatives and through their governance processes and auditing systems.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 30 January 2021).

At our last inspection we recommended the registered provider arrange for refresher training for staff to enable them to carry out their role with confidence. We also recommended they carry out decision specific capacity assessments for people where restrictive practices were being considered. At this inspection we found the registered provider had responded to our recommendations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Whitmore Vale House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Whitmore Vale House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Whitmore Vale House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We also reviewed all of the information we held about the service which included statutory notifications of accidents, incidents or safeguarding concerns. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people and 2 relatives. We observed interactions between people and staff. We spoke with the registered manager, deputy manager, operations manager, 3 care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the care documentation for 5 people, looked at various medicine administration records and checked the recruitment files for 4 staff. We also looked at the governance processes and systems within the service. This included regular audits, meetings, training and how people were involved in the running of their home.

Following the inspection, our Expert by Experience had some limited conversation with 3 people and spoke with 3 relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept free from intentional harm as staff recognised signs of potential abuse and knew how to report any concerns. Relatives told us, "I've not seen anything that would cause me concern" and, "I feel comfortable leaving [family member] here. She likes it here."
- Where incidents had occurred which were regarded as safeguarding concerns, these had been reported to the appropriate authority as well as CQC and an internal investigation carried out.
- A staff member told us, "I would go straight to the manager. I know I could go to the social care team or the police too."

Assessing risk, safety monitoring and management

- Where people had risks associated with them, these had been identified and staff were aware of how to help reduce the risk. A staff member said, "There are risks assessments for every person. We have to read and sign as read."
- Some people were diabetic and staff regularly monitored their blood sugar levels. Staff were able to tell us what their normal level should be and what action they would take if the person's level was too high or too low.
- Other people were at high risk of falls and equipment had been provided. This included mobility aids, or sensor mats to alert staff to the person standing without staff support. Where people slept on pressure mattresses, these were set appropriately and in line with the person's weight.
- Regular fire evacuation drills were completed to help ensure staff knew what to do in the event of an emergency. People's personal evacuation plans and associated risk assessments had recently been reviewed and updated.

Staffing and recruitment

- There were sufficient staff on duty to care for people. Staff said they had time to spend with people and people were not seen waiting for their needs to be met. One staff member said, "We have enough staff. I tell management when we are struggling and they come and help."
- Although some agency staff worked at the service, the registered provider had continued their recruitment drive. The nominated individual told us, "Since the last inspection, we have reduced agency use considerably and we are now at 83% permanent staff levels."
- People's dependency was reviewed and staffing levels adjusted as necessary. For example, some people were being provided with one-to-one care as they required additional input and monitoring.
- Staff were recruited through a robust process which included an overview of their performance at their previous job, evidence of their right to work in the UK and a medical declaration to confirm they were fit

enough to carry out their role.

- Each prospective staff member underwent a Disclosure and Barring Service (DBS) check prior to commencing at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received the medicines they needed in line with their prescription. A relative said, "I trust them (staff) with his meds."
- Staff ensured medicines were stored appropriately and safely and in line with the manufacturers guidelines.
- Each person had a medicine administration record (MAR) where staff recorded when people were given their medicines. MARs included information about any allergies a person may have and how they liked to take their medicine.
- Where people required topical creams (medicine in cream format) an accompanying body map was in place to show staff exactly where to apply the cream.
- People's medicines were reviewed by a healthcare professional to help ensure people were not being over-medicated.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

People were able to receive visitors when they wished and on the day of our inspection 2 relatives came to see their family member.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded in detail and information included on what action was taken as well as the outcome.
- Analysis of accidents and incidents was undertaken regularly by the nominated individual and any lessons learnt passed on to the staff.
- Following an incident, one-page profiles had been placed at the front of each person's care plan so information around their care needs was readily and easily accessible to staff, particularly agency staff.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our inspection in February 2020, we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good.

Ensuring consent to care and treatment in line with law and guidance

At our inspection in February 2020, we recommended the registered provider completed decision specific capacity assessments and best interests decisions for people to determine if they lacked capacity to consent to any restrictions in place for them. At this inspection, we found improvements had been made.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity was assessed when potential restrictive practices were being considered, such as a sensor mat, bed rails or a lap belt for a wheelchair. Best interest meetings were held to discuss the best option and DoLS applications made when appropriate.
- Where people had capacity to make a decision, capacity assessments clearly showed this and at that stage, staff did not take any further action.
- There was evidence of people signing their consent to aspects for their care, such as their involvement in their care plan, or consent to photographs.
- Staff understood the MCA, telling us, "It's about people being able to say yes or no to something and checking their understanding" and, "Capacity applies to those who cannot make decisions for themselves and we ask for this to be assessed. We understand that everyone can make a decision, however small."

Staff support: induction, training, skills and experience

At our inspection in February 2020, we recommend the registered provider ensured staff attend mandatory

and needs appropriate training courses to ensure staff were effective in their roles. At this inspection, we found staff had received a range of refresher training.

- Relatives felt staff were appropriately qualified to look after their family member. A relative told us, "My (positive) hopes were justified. They (staff) know about autism. I am delighted with his progress."
- Staff said they went through a good induction process where they shadowed experienced staff. They told us their training was relevant to their role. A staff member said, "I went on refresher first aid training and we were taught so many new things. I've been trained in diabetes and how to administer emergency epilepsy medication."
- Senior staff were aware of the legal requirement to complete appropriate training in relation to people with a learning disability and autistic people. The nominated individual told us, "We have been in discussion with Surrey County Council and they are putting together a package which can be rolled out to staff."
- Staff confirmed they had the opportunity to meet with their line manager regularly through supervision. This gave them the chance to discuss their role, any progression or training requirements.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the service and this assessment formed the basis of their care plan. Staff also referred to the person's funding authority assessment for additional information.
- National guidance was used to help support staff to evaluate and monitor a person's health. For example, risk assessments, dependency tools and malnutrition charts.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with sufficient food and drink in line with their requirements. One person told us, "The food is good." A relative told us, "Over the last two years, it's (the food) been a lot more healthy."
- There were eating guidelines in the kitchen areas which provided information to staff on a person's dietary needs. For example, if a person required soft or pureed meals.
- Staff supported people to maintain a healthy weight, either by monitoring a person's weight more frequently and providing high protein, high fat foods, or assisting a person to eat healthily to lose weight. A staff member told us, "We have a group activity every Friday to plan the menu with people."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services to help them remain in good health and to avoid hospital admissions. A relative told us, "He had something wrong with his teeth and [staff name] persuaded him to go to the dentist."
- There was evidence of involvement from a person's GP, the occupational therapy team, physiotherapists, podiatrists and the district nurses.
- Staff had built good relationships with other agencies and liaised with them regularly in relation to a person's health or associated risks. Such as requesting speech and language therapy assessments when they noticed a person having difficulty with their swallowing.

Adapting service, design, decoration to meet people's needs

- People lived in an environment that was suitable for their needs. Each living accommodation could accommodate a small number of people which was in line with the right care, right support, right culture guidance. One person told us, "I have a nice room here."
- People had their own private space and their rooms were personalised in line with their interests. For example, paintings, memorabilia or collections of items of their hobbies. A relative told us, "He's been there for a long time and he considers it his home."

- There were adapted bathrooms to help ensure people could receive their personal care in a safe way and other equipment was available for people, such as wheelchairs or mobility aids.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our inspection in February 2020, we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our inspection in February 2020, we recommended the registered provider arrange refresher training for staff in dignity and respect. At this inspection, we found staff had received this training.

- People were cared for by staff who took an interest in them and wished to provide good care. A relative told us, "All staff are very good and they have his best interest and well-being at heart."
- People felt they were supported by staff. One person said, "Staff are very helpful." A second told us, "Staff are kind to me. They look after me and make me smile."
- There were good relationships between people and staff. Conversation was relaxed and easy-going and we heard staff chatting to people as dinner was prepared as well as throughout the day. We observed staff stopping to chat to people in the corridor or before they returned to their living areas.

Supporting people to express their views and be involved in making decisions about their care

- People could give their views through meetings and they were given the opportunity by staff to choose how they wished to spend their time. A staff member told us, "I would not attempt to do anything without the person understanding what I was asking and they were involved in the decision."
- Relatives said their family member was very happy at Whitmore Vale House as they considered it their home. They told us, "She is so happy there" and, "They ring me every single night to tell me what she's done, etc."
- People were involved in their care. A relative told us, "They have her helping. She helps cook lunch and the other day she helped make tea and cakes (for people)."

Respecting and promoting people's privacy, dignity and independence

- People were spoken to in a respectful way by staff and staff supported people with their independence. One person told us, "I empty the dishwasher every morning and put things away where they should go and I also put the shopping away when it is delivered."
- People's care plans recorded what people could do for themselves, such as some of their personal care, or choosing their clothes and getting dressed. A relative said, "They (staff) incorporate daily independent skills into his day-to-day care."
- People's independence was encouraged. A staff member told us, "I love to help people to meet their potential and to protect their right to independence. For example, I encourage them to do a small task, like washing their face or removing their clothes."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our inspection in February 2020, we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received care in line with their needs and wishes. A relative told us, "He has made great inroads to going out and socialising and mingles with the staff. He has a better life now."
- People had comprehensive care plans in place which included information about their health conditions, mobility, eating and drinking requirements, likes and dislikes. A staff member said, "Person centred care is making sure I know what is in their care plan and what they want and need."
- There was evidence people had been involved in developing their care plans and expressing their individual wishes. For example, where people had recorded how they liked to spend their day. Relative's said, "They expose him to real life" and, "They know her really well."
- Staff however, knew people well and were able to describe to us people's individual needs, any risks to them and how to respond to any anxieties or specific routines.
- No one was receiving end of life care from staff, however they had been invited to express their wishes for when they reached this time of their life. One person had recorded they wanted to have the television on and photographs of their family around them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual way of communicating was recorded and where required, pictorial or easy-read formats used to assist with a person's understanding.
- Staff had a good knowledge of the way people communicated. We heard one staff member repeating back what a person was saying and they told us when the person said, "Thank you" this meant they were reassured.
- One person used their own form of sign language and the deputy manager told us, "We are putting together a plan of signs to help [the person] and staff."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to access a range of activities either independently or with support and people participated in the day to day running of the service. Although some staff and relatives said that there were

times that they could not go out because there was a lack of drivers. They told us, "We don't have enough drivers at the moment, so we try to think about home-based activities" and, "They don't go out very often – haven't got the staff or the drivers for this."

- One person produced a crossword for other people to do. We spoke with them about this and they told us how they enjoyed doing this. Other people put out the bins or helped with the laundry and cleaning.
- An archery session took place when we were inspecting. We saw numerous people participate and there was a good-natured atmosphere as we observed staff cheering or clapping when a person hit the target.
- Some people chose to go out on their own and told us they enjoyed this. People said, "I get on the bus to go and see my girlfriend" and, "I'm going across the road this evening to see a band."
- Several people went regularly to a day centre and local hub, where they could participate in activities of their liking, such as knit and natter. Others went shopping or to the cinema.
- People set goals with staff which included planning a holiday or going out to dinner and we read that many goals had been achieved.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people could raise their concerns or complaints directly with staff. Where one person felt staff were not listening to them, action had been taken to address this.
- A second person was unhappy with a couple of areas of their care and had asked for the nominated individual to meet with them. This meeting took place and the person was given the time to express their feelings. This same person was also invited to the next staff meeting to speak directly with staff.
- Relatives told us they would feel comfortable raising any concerns. A relative said, "I could talk to any of them (staff)" and, "If he was unhappy, he would report it to me and I would say something."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People said they were happy living at Whitmore Vale House. People told us, "We like it here."
- Relative's felt their family member's life had improved since they have lived at the service. A relative said, "I am delighted. They keep me informed and I have been asked for my feedback."
- The registered manager had worked hard since our last inspection to improve the culture within the service and staff and relatives told us there had been real improvement. They told us, "We have moved to an open, transparent culture where residents and staff are thriving. I have a good staff team, with a range of skills."
- Compliments had been received by relatives which included praise for the way staff had organised the changes for one person's medication and a relative saying, 'I very much appreciate the very special relationship you have with [person's name]'.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to apologise if care did not go to plan. Relatives told us, "If things go wrong, they tell me about it" and, "I'm a lot happier now. I trust them a million per cent."
- Where accidents and incidents had occurred, investigations took place and family members were notified of the outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection there was no registered manager in place. This is a regulatory requirement for this type of service. Since that inspection, the registered provider had recruited a registered manager who assisted us with our inspection.
- There was a good management structure in place where senior staff fully understood their roles. The registered manager was supported by 2 deputy managers who were knowledgeable and confident. In turn, the registered manager said they felt fully supported by the provider's senior team.
- Staff had a desire to offer a good quality and safe service. Where shortfalls had been identified, action was being taken to address these. Such as the installation of new fire doors in the living accommodation.
- Regular in-house audits were completed and these were robust at picking up shortfalls. Such as identifying contradictory or out of date information in people's care plans. The registered manager had developed an action plan to keep track of what needed to be done. They told us, "I know where I stand and

what I need to do."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People met together at meetings to give their views and feedback. Meetings were interactive. At a recent meeting, healthy eating was discussed and each person put together a pictorial plate of their view of healthy eating.
- Staff said they had the opportunity to meet together as a staff group to discuss people and the service as a whole. Agendas were comprehensive and staff took the time to talk about each individual and any particular needs. This included a reminder to weigh someone weekly and discussions on any lessons learnt.
- Staff were supported in their roles. The registered manager said, "I have been working a lot on staff personal development plans and booked all outstanding supervisions and appraisals. I've allocated time for staff to do their training." Staff told us, "[Registered manager] is very supportive and listens to us" and, "I would go straight to [deputy manager]. There is good communication here."

Continuous learning and improving care; Working in partnership with others

- Feedback from relative's and staff was that the service had improved since the registered manager had started. The registered manager told us, "We are quick to take action and I think as a result we have achieved trust from the families. I looked to build the team and consistency (of staff) and I have achieved that."
- Planned steps to continue to improve the service was for the introduction of an electronic care planning system and cabling to enable this was being installed on the day of our inspection.
- Staff worked with a range of agencies and professionals which included the social work team, dementia coordinator and community nurse. The registered manager told us, "We have worked with them to provide a safe place for the residents."