

A L A Care Limited

Whetstone Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Whetstone Grange is a residential care home providing accommodation and personal care to 23 people aged 65 and over at the time of the inspection. The service can support up to 38 people.

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

The service had a newly employed manager who had not yet registered with the Care Quality Commission. This meant the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Quality assurance systems and processes were not embedded and required improvement. All legally required notifications were not always submitted to CQC. The manager and provider were open and transparent, knew improvements were needed, and were taking action to ensure these were addressed. There was no formal process for calculating the required number of staff to meet people's needs. However, we found there were enough suitably qualified staff on duty to meet people's needs. A system was introduced following our inspection which was reflective of the inspection findings regarding staffing numbers.

Processes were in place to safely manage risks associated with people's care. Care plans and risk assessments were reflective of people's needs and staff knew people well.

There was adequate stock of personal protective equipment (PPE) for staff to use. The service was observed to be clean and odour free. We saw some staff wearing face masks below their noses, this was addressed immediately by the manager. COVID-19 testing was undertaken for people and staff in line with government guidance and the service had developed a 'visiting pod' to enable friends and relatives to visit people when restrictions allowed.

People felt safe and were supported by safely recruited staff who protected them from harm or abuse. Staff were trained in safeguarding and recognised the signs of abuse and the requirement to report any concerns they had.

Medicines were administered on time, accidents and incidents were reported, and lessons learnt.

People received care from staff that were kind, caring and compassionate. People and staff had built positive relationships together and enjoyed spending time together.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Published 22 January 2020).

A targeted inspection (Published 06 January 2021) did not change the rating of the service. Targeted inspections do not change the rating from the previous inspection because they do not assess all areas of a key question.

Why we inspected

The inspection was prompted in part due to a complaint and concerns received about infection prevention and control (IPC). As a result, we undertook a focused inspection to review the key questions of safe and well-led only. A decision was made for us to inspect and examine those risks.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed. However, the rating for well-led has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the well led section of this full report.

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 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Whetstone Grange

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Whetstone Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been employed and plans to register with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the

service. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the manager, deputy manager, four care workers, activities coordinator and the housekeepers.

We reviewed a range of records. This included three people's care records and a sample of medicines records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed training data, policies, and action plans submitted.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and Recruitment

- A process to assess the staffing level needed to meet people's needs was not in place. We discussed this with the provider and manager who told us staffing levels were under review immediately prior to the recent COVID-19 outbreak, and a new staffing calculator had been devised.
- After the inspection, the manager evidenced the calculator was in use and the number of staff required reflected those on duty at the time of the inspection. Following feedback from staff, an additional member of staff was deployed between the night shift ending and the day shift commencing.
- During our inspection we observed there to be enough staff on duty, calls bells were answered promptly, and people were responded to in a timely way. One staff member said, "Staffing numbers are good."
- Whilst some staff and relatives told us there had not always been enough staff during the COVID-19 outbreak it was acknowledged the outbreak had created significant staffing challenges. However, there was no evidence staffing levels were unsafe during the COVID-19 outbreak. One staff member told us they had worked many additional shifts during the COVID-19 outbreak to ensure staffing levels were safe and they felt this was reflected across the whole of the team.
- Safe recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff. The disclosure and barring service were checked to establish if new staff had previous criminal convictions.

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 using PPE effectively and safely.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Assessing risk, safety monitoring and management

- Risk assessments and care plans contained enough information to instruct staff how to respond to people's identified needs and risks. Senior care staff were allocated specific people to ensure their care needs were regularly reviewed. Three people's care files we reviewed confirmed this.

- A 'live' electronic care system was in place which prompted staff to support people with their planned for care needs when they needed them, and for these to be recorded. One person's care file stated they required repositioning every two hours to protect their skin integrity. Care records confirmed they were repositioned as planned.
- Staff had a good knowledge of people's risks and the support they needed to reduce these. For example, one person had recently been supplied with a walking aid following a decline in their mobility. During the inspection we observed staff prompting the person to use the frame which they had ready access to.
- A visiting health professional told us they had no 'burning' issues with the home, and staff were responsive in implementing their recommendations in supporting people's changing healthcare needs.
- Risks associated with the environment were managed appropriately. Maintenance staff were deployed who carried out checks across the service. However, during the first day of our inspection we identified a concern with an exposed pipe protruding from a radiator posing risk to people's safety. The provider acknowledged the oversight and on the second day of the inspection the radiator had been made safe.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. Safeguarding and whistleblowing policies were in place and staff knew how to access and use them.
- Staff had received safeguarding training and knew how to identify and report safeguarding concerns. Staff felt confident about raising concerns relating to people's care. One staff member told us, "I would report abuse or any bad practice and am confident the manager would listen if I did."
- Relatives told us their family members received safe care from the service. One told us, "Yes, [name] is safe."

Using medicines safely

- Systems and processes for the administration of medicines were safe. Medicine Administration Records (MAR) indicated people had received their medicines as prescribed and on time.
- Protocols were in place to enable staff to identify when people needed 'as required' medicines.
- Regular auditing of medicines took place.
- Relatives said their family members medicines were safely managed. One told us, "[Name] gets their medication like clockwork."

Learning lessons when things go wrong

- Lessons were learnt. Analysis of accidents and incidents were undertaken to identify any patterns or trends. This enabled a review of people's care needs and risks to reduce the risk of any recurrence.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was not always consistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was no registered manager in place at the service. A new manager had been employed at the service for three months. They told us they intended to register with CQC. The provider was legally responsible for the delivery of the regulated activity.
- A review of records showed three legally required notifications had not been submitted to CQC. The manager explained they were not aware of the requirement to submit notifications when people had been admitted to hospital from the service and subsequently died during the COVID-19 pandemic. We acknowledged there was no intention to mislead the CQC by the omission. During the inspection these notifications were submitted.
- Quality Assurance systems and processes were in place including audits of IPC, medicines and accidents and incidents. However, some had lapsed following the previous inspection. The manager had identified these and provided us with their action plan to bring about the improvements needed. For example, a review of staffing levels and gaps in training.
- We received mixed feedback from staff about the new manager. One staff member told us, "New manager is good, you can go to them with anything and will listen and take action." However, one staff member advised they did not feel the new manager was undertaking all the required checks. Relatives knew who the manager was. One relative said, "[Manager] has rung and introduced herself."
- The manager ensured staff understood their roles and responsibilities. For example, senior carers had been given oversight of specific people's care plans and the deputy manager was tasked with ensuring people's 'hospital packs' were current and reflective. The manager described these 'packs' as crucial information visiting professionals may require when they attend the service which were not previously comprehensive.
- CQC's rating of performance was displayed at the location and on the providers website.

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

- The manager was open and honest with us during our inspection. They acknowledged the shortfalls we identified but had identified these themselves and were able to evidence plans were in place for these to be addressed.
- The manager was aware of, and there were systems in place to ensure compliance with, duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go

wrong with care and treatment.

- Unannounced visits in the evenings and weekends had been undertaken by the manager to ensure the service was safely run in their absence. Recordings of visits confirmed this.
- There was a positive culture in the service and care delivery was person centred. We observed kind and caring interactions between staff and people.
- People were supported to maintain contact with family and friends in line with government guidance throughout the COVID-19 pandemic. One relative said, "We can talk on the phone and they have a visitor's pod. I speak with [relative] two to three times a day."
- The activities available to people had increased during the COVID-19 pandemic. The manager told us it was important for people to have as much occupation as possible to promote their health and well-being. We spoke with the activities coordinator who showed us their varied programme of activities.

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

- Staff meetings and supervisions had lapsed. However, records confirmed the new manager had reintroduced these. One staff member told us, "We hadn't had a staff meeting or a supervision in a long while. The new manager started these pretty much when they started."
- People and relatives were encouraged to share their views of the service. One relative advised, "When I have been able to visit, there is a questionnaire thing, you can take one off the pile and pop it in the box."

Working in partnership with others

- The service worked in partnership with other agencies, such as health professionals, local authorities and families and representatives to ensure people received joined-up care. This meant people had the right access to support when they needed it.