Whiston Hall Limited

Whiston Hall

Inspection report

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Whiston
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South Yorkshire
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service

Whiston Hall is a residential care home providing care and support for up to 44 older people, including those living with dementia. At the time of the inspection 25 people were using the service.

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

We found the provider had failed to make significant improvements since the last inspection in the way the home was run. There was a system of auditing the quality of care provided, however, this was ineffective as it did not identify all shortfalls or areas of concern.

The home had not had a registered manager for almost a year. A new manager had been recruited but they had not yet registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff were kind and friendly in their approach to people, and people responded positively to this. However, people spent a considerable amount of time without staff contact. We also noted call bells ringing for a long time without staff attending. The provider used a dependency tool to assess what staffing numbers were required, however, this had not been updated for three months despite new people being admitted to the home since then. Staff told us, and our observations confirmed, there weren't enough staff to meet people's needs

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. However, improvements were needed to some documentation to fully evidence compliance with the Mental Capacity Act (MCA).

Staff understood their responsibilities in relation to safeguarding, and had received appropriate training in this area. However, we noted there had been some safeguarding incidents where the provider had not taken the correct action.

The mealtime we observed was a pleasant experience, where people obtained the support that they needed in a discreet and respectful manner, and appropriate equipment was provided to enable people to eat. Improvements were required in the way medicines were managed; medicines were stored safely, but records of medication administered were not accurately kept.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published May 2019) and there were breaches of regulation relating to staffing, safety and governance. We asked the provider to complete an action plan after the last inspection to show what they would do and by when to improve, but they did not do so. At this inspection we found the provider was still in breach of regulation relating to governance.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have found evidence the provider needs to make improvements. We have identified a breach in relation to governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe. Details are in our safe findings below	**Requires Improvement**
Is the service effective? The service was not always effective Details are in our effective findings below	**Requires Improvement**
Is the service caring? The service was not always caring Details are in our caring findings below	**Requires Improvement**
Is the service responsive? The service was not always responsive Details are in our responsive findings below	**Requires Improvement**
Is the service well-led? The service was not well led Details are in our well led findings below	**Inadequate**

Whiston Hall

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.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Whiston Hall 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. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we had received about the service since the last inspection. We sought feedback from professionals who work with the service, and looked at information provided to us by members of the public and the local authority.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with three people using the service about their experience of receiving care at the home. We spoke with three members of staff, the manager and an external consultant who was providing support to the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment, staff supervision and appraisal. We reviewed a range of records relating to the management of the service, including audits, maintenance records and meeting minutes.

After the inspection
The manager sent us additional records relating to the management of the service.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing
At our last inspection we found the provider did not deploy sufficient staff to ensure people's needs were met in a safe way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18, although further improvements were required

- At the inspection of April 2019, we judged staffing numbers were insufficient to ensure people's safety. At this inspection we found there was little change..
- During the inspection, we observed people spent lengthy periods without any staff interaction, and were unable to summon help if they needed it. People confirmed this was their daily experience.
- Staff told us they struggled to meet people's needs with the current staffing arrangements. We saw the senior care assistant was responsible for administering medication during the morning of the inspection, leaving four care assistants to support 25 people across three floors of the building. Staff told us seven people required two staff for support. Call bells were ringing for long periods without staff attending.
- The provider used a dependency tool to assess staffing numbers, although it had not been updated for three months despite there being changes in dependency levels within the home. In the provider information return (PIR) the provider told us they staffed the home at levels above those determined by the dependency tool.

We recommend the provider implements a review of staffing numbers, taking into account people's dependency levels and the layout o the building, and keeps this under regular review.

- Staff had been recruited safely and all the required checks had been done to make sure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse
- People told us they felt safe at the home, and staff knew how to protect people from the risk of abuse.
- Records showed safeguarding incidents were not always appropriately managed, as the provider had failed to notify external bodies of some incidents. We noted the management team responsible for this failure were no longer in post.
- Staff had been trained and knew how to report concerns about people's safety and welfare.

Using medicines safely

● There were secure storage systems in place to support people in managing their medicines.
● Medicines, and records of medicines, were audited frequently so the management team had oversight of how medicines were managed at the home.
● We identified errors in medicines recording, meaning it was not clear medicines had been correctly administered.

Assessing risk, safety monitoring and management

● The provider had appropriately assessed risks to people's health and safety.
● Risk assessments were in place and staff had completed them to a good level of detail. They reflected all the risks that a person may present or be subject to.
● People had personal emergency evacuation plans which provided information about the support they would need should an emergency arise.
● The provider had processes in place to maintain a safe and secure environment.

Preventing and controlling infection

At our last inspection the provider did not have effective infection prevention and control arrangements in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12, although further improvements were required.

● Further steps were required to raise the standard of infection prevention within the home.
● Following the last inspection, an infection control audit had been carried out, but this had not been repeated to ensure ongoing improvements were made. The manager was unsure who the infection prevention and control lead within the home was.
● Some areas of the home were tired or damaged, such as door frames and flooring. This meant they could not be cleaned to a hygienic standard.
● Staff used protective equipment such as gloves and aprons appropriately, and supplies of these appeared to be plentiful.

Learning lessons when things go wrong

● Managers reviewed accidents and incidents to identify trends or patterns and, where appropriate, action was taken to reduce the risk of recurrence.

Requires Improvement

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The provider carried out an assessment of people's needs before they began to use the service.
- People and those involved in their care were included in the assessment. The information gathered was used by senior staff and managers to develop people's plans of care which were reviewed regularly.
- The provider accessed and followed good practice guidance. For example, people's oral health care needs were assessed, and appropriate support was provided where needed.

Staff support: induction, training, skills and experience
- Staff said they had training which met the needs of people using the service; records confirmed this.
- Staff told us they felt they received sufficient training from the provider, including an induction when they started their employment. Where agency staff were used, they were given a short induction to the home before commencing their shift.

Supporting people to eat and drink enough to maintain a balanced diet
- The provider carried out assessments of people's nutrition and hydration needs, and these were monitored by staff where required. However, we noted when people's fluid intake was monitored, there was no information about the targets they should be aiming to reach to avoid the risk of dehydration.
- Staff verbally supported people to make choices about food, but there were no pictorial menus to assist people's comprehension.
- During the inspection, we observed people were not offered a drink over a 90 minute period in the morning.
- We spoke with catering staff about people's nutritional needs, which they had a good understanding of. However, they were not familiar with legislation relating to allergens in food, and could not provide information about any allergens present.

We have made a recommendation that the provider seeks guidance about allergen legislation from a reputable source.

Adapting service, design, decoration to meet people's needs
- The provider had taken some steps to make the environment more accessible to people living with dementia, however, further work was required. The manager acknowledged this and said they were in

ongoing dialogue with the provider.
● There were various lounges and seating areas for people to use, with a variety of seating options to suit people's needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● The service worked with other professionals to ensure people received effective care and support.
● Records showed people had access to a range of external healthcare professionals, and their advice had been incorporated into people's care plans.

Ensuring consent to care and treatment in line with law and guidance
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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● People's care records demonstrated the provider had made DoLS applications where required.
● Where people lacked capacity, the provider had undertaken best interests processes, however, they had not evidenced they had involved all relevant people.
● Some people's care records showed they had the capacity to make decisions about their care and treatment, however, the provider had nevertheless made applications to deprive them of their liberty.
● We discussed these concerns with the new manager who demonstrated a better understanding of MCA and DoLS and described the action they were taking to address this.

Requires Improvement

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The provider ensured people's diverse needs, including spiritual beliefs, were respected.
- People's care plans reflected their protected characteristics, and the provider arranged for some religious ceremonies to take place in the home
- We observed some positive interactions which supported people's wellbeing, although we noted staff interactions with people were limited as staff were constantly busy and didn't appear to have time to engage with people beyond when they were carrying out care tasks.

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

- There was limited evidence people had been involved in decisions about their care.
- Care plans were designed in a way to show people had been involved in the planning of their care, but most records did not evidence involvement.
- Staff we observed carried out their duties in a task-based manner, and did not appear to regularly involve people in decision making. For example, there was no discussion about what programme should be on the TV in the lounge.

Respecting and promoting people's privacy, dignity and independence

- Staff on the whole showed respect for people's dignity, although we noted some incidents where staff did not uphold people's dignity, for example, when moving people around in wheelchairs without engaging with them.
- People's confidential information was predominantly managed safely, although we noted staff did not ensure personal records were not systematically securely stored.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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's care records contained information about their social interests.
- In our observations we saw little evidence of staff taking steps to engage with people socially; there were no activities taking place during the inspection. The home's activity calendar indicated a live singer was performing on the morning of the inspection but in fact no organised activities took place.
- The manager told us arrangements were underway to employ an activities coordinator, but there currently wasn't one in post.
- People told us activities were limited in the home. One person said: "I like to read my paper, and sometimes we have a singer, but that's it."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, although it did not direct complainants to the correct source of external remedy.
- People using the service told us they would be confident to raise any concerns, and felt they would be addressed.
- We looked at complaints the provider had investigated. We saw complainants had received a written response, but in most cases the response did not set out what next steps were available if the complainant remained dissatisfied.

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

- Care records were personalised and contained details about people's needs and preferences.
- Staff we spoke with knew people well, and could tell us about their individual needs.
- People's care plans contained information about their end of life preferences and choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had carried out assessments of people's communication needs. and appropriate support was provided where needed.

Inadequate

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found management systems were insufficient to ensure the service was managed effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

● Quality monitoring systems were in place, however, there was no clear oversight of them. Planned frequency of audits had not been adhered to by the provider or managers. The dependency tool, used to determine staffing levels, had not been updated despite changes in people's needs.The new manager said they were in the process of implementing new systems.
● Throughout the inspection we identified concerns, as set out in this report, including understaffing, recording errors, a lack of activities and failure to meet certain notification requirements. None of the management systems in place had identified these.
● It is a requirement of providers to notify CQC when they make changes to their Statement of Purpose. They had failed to do so, although the manager did acknowledge this.
● When the provider submitted their Provider Information Return (PIR) to CQC we identified inaccuracies within it. The manager told us this had been completed by managers who were no longer employed by the provider. It was unclear whether there had been any quality checks of the PIR carried out by the provider before submission.
● Following the last inspection, we told the provider they must submit an action plan to CQC setting out what improvements they were going to make. The provider failed to do this.
● Prior to the inspection, the local authority contacted CQC to inform us the provider's nominated individual was no longer in post. Providers are required by law to notify CQC when there is a change of nominated individual, but they had failed to do so. When we contacted the provider about this, neither the home's manager nor the quality manager knew who the nominated individual was going to be, and the home's manager could not tell us who their line manager was.
This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 manager understood their responsibility to provide an explanation when things went wrong. However, the provider's own records indicated that they had not consistently acted on their duty of candour.

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

● The provider carried out surveys of people and their relatives to gain their feedback about the service.

● Staff had opportunities to express their opinions in supervisions and team meetings. However, supervision had not taken place at the provider's intended frequency.

● Staff gave a mixed picture of whether they felt involved and supported by the provider and management team, and commented on the negative impact of a high turnover of managers within the home.

Continuous learning and improving care

● The provider had engaged the services of various consultants to help improve the service; one had begun the day prior to the inspection. However, any improvements they had made to the service had not been embedded.

● At the last inspection, we raised concerns about staffing numbers and stated that the provider did not deploy staff in numbers sufficient to meet people's needs. At this inspection we found no changes had been made to the numbers of staff deployed during the day. This meant the provider had not acted on CQC's findings.

Working in partnership with others

● The service worked in partnership with other organisations to meet people's needs, including healthcare providers, activity providers and a local school.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance arrangements were not sufficiently robust to identify shortfalls in service provision. Regulation 17(1)(a)(c)