

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 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

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

People did not always feel there were enough numbers of staff on duty at certain times. We have made a recommendation about the level and deployment of staff at the service.

People received safe care and were protected from the risk of harm and abuse. Where minor concerns were identified these were resolved quickly.

People were supported by experienced, well trained and safely recruited staff who received an induction to their role when they started working at the service.

People were supported by staff who were kind and caring. Staff knew the people who used the service well and held positive relationships with them treating them with dignity and respect.

Peoples medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People were supported to eat and drink enough to maintain their health and well-being, and staff monitored people's health needs closely ensuring professional guidance and support was sought when needed.

People's care needs were assessed before they moved to the service and they were involved with planning their care. Care plans were mostly detailed and supported staff to provide personalised care. Visitors were welcomed to the service and their views always considered and respected.

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 felt more activities were needed. The service had a relaxed and warm atmosphere and people were comfortable in their surroundings and had formed friendships between them.

People felt comfortable raising concerns with the quality of the service and were complimentary of the recent improvements made.

People and staff held positive views on how the service was managed. People knew who the registered

manager was, and staff were supported in their roles.

There were systems in place to monitor the quality of the service and actions were taken, and improvements were made when required. The registered manager was supported by the provider who took an active role in the service.

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 12 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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.

Inspection team

The inspection team consisted of one inspector 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

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 had a manager registered with the Care Quality Commission. This means that they 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. Inspection activity started on 13 November 2019 and ended on 14 November 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, assistant manager, senior care workers, care workers, the chef and housekeeping staff. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought clarification from the provider to validate improvements to the environment had been made.

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.

Where concerns over the potential risk to people's safety were highlighted action was taken to minimise them. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- We identified two concerns which could pose a risk to people's safety. Unsafe flooring in a shower room placed people at risk of falling. People and staff told us their concerns over the flooring. One person told us, "It is very slippery and there are no rails in there. Staff do remind me that it's slippery and they put towels on the floor when I step out of the shower." One staff member said, "It does get slippery in there, it's not the right flooring." During the inspection we discussed our concerns with the provider over the safety of the flooring. Following the inspection, this was swiftly replaced to a safe standard.
- Some people's walking frames were not always maintained safely. Rubbers on some of the frame's legs had worn through to the metal. This placed people at risk of a preventable fall. We discussed these concerns with the registered manager. They immediately replaced the defective rubbers on the walking frames and implemented a monthly audit of all mobility equipment to ensure these were continually fit for purpose.
- People had personalised care plans which enabled staff to support them safely. For example, one person required to be supported in bed every two hours during the night. Records confirmed staff always supported the person as required. One person told us, "I have a stand aid to help me get up from my chair and I always have help from two carers to support me with this."

Staffing and recruitment

- People said there were generally enough staff during weekdays but some raised concerns over the staffing level at weekends. One person told us, "They [staff] don't take long to come to me when I press my buzzer." Another person told us, "There are usually enough in the week but definitely less at weekends." A further person told us, "There are not usually enough, and you have to wait a good while to attract their [staff] attention. You learn not to take their lack of rapidity personally given how many staff there are."
- Staff held mixed views of staffing levels. Three members of staff felt there were enough of them and two did not. One staff member said, "The staffing is fine." Another staff member told us, "When we have four staff on shift it works really well but it is difficult with only three."

We recommend the provider regularly reviews staffing numbers, and their deployment, to ensure people's needs can consistently be met in a timely manner, and staff are assured they have the appropriate resources available each day to fulfil their roles effectively.

- Notwithstanding people and staff views the staffing rotas confirmed a consistent level of staffing in the

service and during our inspection we observed staff responding to people in a timely way.

- The provider followed safe recruitment practices. This meant checks were carried out to make sure potential staff were suitable and had the right character and experience for their roles.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they and their family members were safe. One person told us, "I have been here for many years and I have always felt safe and looked after." Another person told us, "I feel perfectly safe here, I only have to call for help and they come." A relative told us, "My [family member] has always been well looked after." Another relative told us, "The home has been brilliant from the beginning, we couldn't be happier."
- The provider had systems in place to safeguard people from abuse and staff followed local safeguarding protocols when required.
- Staff were trained to recognise the signs of abuse. They knew how to report any concerns, following the provider's safeguarding or whistleblowing procedures.

Using medicines safely

- People said they received their medicines when they needed them. One person told us, "I get my medication regularly and I get my painkillers on request."
- An electronic Medication Administration Record (MAR) system was in place which supported staff to administer medicines at the prescribed time and prompted them to make a record. One member of staff said, "It's a good system and it tells you if anything has been missed."
- Regular auditing of medicines took place. One member of staff told us, "The manager does random spot checks when we are giving out medication to check we are doing it right."

Preventing and controlling infection

- People were protected from the risk of infection, and staff followed good practice guidelines. One person told us, "They are always wearing their gloves and aprons."
- The environment was visibly clean. Schedules were in place to ensure the service maintained a good standard of cleanliness. A member of the catering staff told us, "We follow the daily cleaning schedules and the managers organise the 'deep cleans'. Records we reviewed confirmed this."

Learning lessons when things go wrong

- Staff reported accidents and incidents and the registered manager reviewed and collated information from these. This enabled themes to be identified and ensured any actions required to reduce the risk of recurrence were implemented.
- Staff said they received feedback about any changes to practice following incidents at shift handover meetings, and team meetings stating they had opportunity to contribute their views.

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 good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had access to bathing facilities throughout the service. However, people on the upper floor had no access to showering facilities. When we discussed this with the registered manager they recognised a shower facility should be available to people on both floors. They spoke with the provider who agreed for a shower room to be installed. Following the inspection, we were informed this had been completed.
- A relative told us the garden area had become unsightly. They told us, "My [family member] loves gardening and would love to be out there planting, but it has become a dumping ground." We found the garden contained piles of old furniture and walking frames no longer in use. The registered manager told us arrangements were in place for the items to be disposed of.
- The environment was smart and well-presented but the installation of signage in corridors and communal areas would better support people with dementia navigating their way around the service. The registered manager told us signage had previously been in place but had been removed and not replaced during recent improvement works. They agreed to look at this issue to make improvements. None of the people or relatives we spoke with raised concerns over the signage in the service. People's bedroom doors did show photos, names and preferred names on them.
- People said there had been improvements to the décor and fixtures recently. One person told us, "The owners has done wonders for the place. It was shabby, but they have had new windows, flooring, decorated and installed nets at the windows so people can't peer in."
- We did note the conservatory had no blinds and made it uncomfortable with direct sunlight. One person told us, "They do need to sort the blinds out. It's very hard to see what I am doing [referring to a jigsaw puzzle] when the sun shines in." The registered manager was aware of this issue and had informed the provider who was considering installing blinds.

Staff support: induction, training, skills and experience;

- People were supported by staff who had the skills and knowledge required to meet their needs. New staff were supported with an induction programme to the service. One staff member said, "I had a good tour of the service, the induction was good, and I shadowed more experienced staff until I was ready to support people on my own."
- Staff were provided with access to training relevant to their role and this was regularly refreshed. One person told us, "They [staff] do a good job and always have training for the equipment they use."
- Staff received regular supervisions, appraisals and unplanned checks on aspects of their roles.

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

- Staff knew people well and worked closely with healthcare agencies to maintain people's health and made timely referrals when their health declined. For example, records showed people had been referred to dietitians, physiotherapists and GP appointments when required.
- Relatives told us they had confidence their family members health was being monitored to keep them safe. One told us, "They call the doctor out quickly for my [family member] as they are prone to chest infections. They always keep me informed when their health declines and action that needs to be taken."
- Staff were supported with 'oral hygiene training' to ensure people's oral health was maintained. People's oral health care were recorded in their care plans.

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

- People's nutritional needs were met. Where any nutritional intake required monitoring, this was recorded. One relative told us, "[family member] has put on weight again since being here, and it's nice to see them eating again. They weigh them regularly, so it doesn't get out of control."
- People who had specialised diets had their meals prepared following recommendations from the speech and language therapy team (SALT). When we discussed people's diets with the kitchen staff they held information on individual's dietary and their preferences. One staff member said, "[Named person] likes jacket potato's and smoked haddock, that's their favourite."
- The service provided a varied menu. For people who were unable to verbalise their preference the menu was available in pictorial form. The mealtime experience was positive, people appeared to enjoy their meal and staff supported those who needed assistance. One person commented, "That was very nice indeed." Snacks and drinks were readily available to people between each meal.

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. We found that they were.

- Staff had a good understanding of MCA and understood people's right to refuse care. Staff routinely told us they respected people's choices and where they had concerns for people who declined support they informed senior staff to ensure people remained safe and protected.
- People were supported in the least restrictive way possible. People and their families had been involved in the assessment and planning process and care plans were signed to consent to care.

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

- People had a detailed assessment prior to moving into the service. Their health conditions, religion, relationships, culture, likes, dislikes and hobbies were all included in the assessment process. This information was used to plan people's care and support. One relative told us, "My [family member] was thoroughly assessed when they came. It has been brilliant from the beginning."

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 good. At this inspection this key question has remained the same.

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

- People told us staff were kind and treated them with respect. People were cared for by staff who knew them well and interactions between them were considerate and pleasant. For example, one person was being supported to dry their hair. The staff member's language was sensitive and supportive, ensuring the hairdryer temperature was comfortable and continued to check this with the person throughout. The person was asked if they liked the style of their hair and the conversation between them was warm and jovial.
- People felt staff were genuine. One person told us, "The staff are lovely, most of them have been here for a long time and they get on well. We have a good laugh together." Another person told us, "Staff will always ask me if I am ok if they think I am not very well. They probably know me better than I know myself!"
- Relatives held positive views of staff and commented on their practice. One told us, "The staff are excellent, we have a good relationship with them." Another told us, "Staff are very respectful to [family member]. Even though they sleep a lot now they always make sure they are clean and well presented." A further relative told us, "Staff are very kind to us when it is our anniversary. We had a meal together recently and they made sure my food was gluten free. It was a lovely gesture."
- There was a calm and relaxed atmosphere within the service. Staff responded to people timely and appropriately when they required support.

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

- People, and those important to them were involved in planning and reviewing their care and support needs.
- Care plans were mostly personalised and descriptive of how people preferred to receive their care. Discussions with, and observations of staff during our inspection, confirmed they knew people's likes and dislikes. One person told us, "I can choose a male or female carer if I want. They [staff] are all professional. I have complete control over my day and what I choose to do."
- People had the opportunity to express their views about the service. Regular residents and relatives' meetings were held. One person told us, "I have attended meetings. People made suggestions and the manager has made changes for the better here."
- People could have access to an advocate who could support them to make decisions about their care and support. Information about these services were openly displayed. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged and supported to be as independent as possible. One person told us, "The staff encourage me to go out as I am a bit of a 'loner'. I have joined the local library and a community group and go to a 'cashpoint' which is really important to me." Another person told us, "Staff let me get on with what I want to do. I pop in and out and must sign the 'book', so they know where I am. We can always contact each other if something goes wrong." A further person told us, "I have my independence but there is help on hand if you need it."
- Staff knew the importance of maintaining people's privacy and dignity. Personal care was provided in private and doors and curtains closed. Conversations between staff were undertaken discreetly. One person told us, "I always feel very comfortable. Some of the jobs they [staff] do 'you know, personal things' can be unpleasant, but they are respectful." One staff member told us, "We always talk to people about what we are doing. That is important."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People's assessments and care plans mostly recorded their preferences and how they wished to be supported, which included any cultural or religious requirements. Not all care plans were fully personalised however when we discussed this with the registered manager they told us they were looking into implementing new style care plans to ensure they fully reflected people's individuality.
- The service used an electronic care plan system. The registered manager told us people's care and support needs were reviewed regularly and when people's needs changed. Care records confirmed this, however, staff told us they did not always have time to read them. Staff did comment handovers between shifts were thorough and provided them with the information they needed to support people safely and they were made aware of people's changing needs. We observed one handover between shifts confirming this and, one staff member who attended the handover said, "Handovers are good. This is how they always are."
- People told us they were treated as individuals and their needs were met. For example, one person told us, "They know I like a bath twice a week and I always get them." Another person told us, "I choose what I want to do. I am left to get on with it which is what I like."
- Relatives confirmed staff knew their family members well. One said, "They [staff] keep me informed and explain things if I don't understand them. They know them really well."

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 service could provide people with information in different formats if it was required. We saw some documentation had been produced in large print and pictorial form.
- Communication care plans were in place for each person to provide details of how best staff could ensure people understand and be involved in their care and support.

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 supported to develop and maintain relationships with those important to them. One person said, "My [relative] can come anytime. They get offered a drink when they come, and staff know who they

are." Another person told us, "The family visit me when they can and are always made welcome." A relative told us, "I come here to visit at different times. Staff are always welcoming and seem to know me well."

- People told us they had made friendships in the service. One person told us, "I have made lots of friends here and we have a good laugh together."

- Activities took place although these were not always regular, and some people felt more activities were needed. The registered manager told us they were in the process of recruiting an activities person. People told us a singer came to the service and a 'seated exercise' activity and church service were held monthly.

Improving care quality in response to complaints or concerns

- People and their relatives had access to the complaint's procedure. The procedure was followed, and people were informed of actions taken to resolve concerns raised. The service had received one complaint in the last 12 months. Records showed the complaint was fully resolved in a timely way.

- People and relatives told us they felt confident in raising concerns and they would be taken seriously. Where they raised minor concerns, they told us these had been resolved.

End of life care and support

- Staff were trained in supporting people with end of life care as part of their induction.

- Care plans provided opportunity for discussion and arrangements for end of life care to be made according to people's wishes. Although no one was receiving end of life care at the time of our inspection care plans contained the opportunity for people's wishes to be recorded.

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 remained the same.

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; 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 and staff were open and honest and there was a positive culture in the service. People and relatives were complimentary about them and they felt involved in their care and the care of their family members. One person told us, "I think the manager is very good here. They turn their hands to anything, even cleaning, and is always smiling and chatting to residents." Another person told us, "I wouldn't want to live anywhere else."
- There was a strong team ethic and staff held positive views of each other. One staff member told us, "The staff team are great here and we all get on well." A senior member of staff said, "It's really good here, well organised and I feel respected by the staff team."
- Staff told us the registered manager also undertook caring duties when needed. They were complimentary of their practice and felt it set a good example that a manager was willing to support the team when needed. One staff member said, "The manager is a really great carer."
- Most staff said the registered manager was approachable and listened to them although some said they views weren't always listened to when they raised staffing numbers as an issue.
- The registered manager understood their duty of candour responsibilities. They reported any incidents to the relevant authorities and worked collaboratively with them.

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

- Concerns over monitoring people's mobility equipment highlighted during our inspection required the registered manager to implement a regular audit during our inspection, and they recognised this as a shortfall. A range of other monthly audits were completed to monitor the quality of care provided. Therefore, we were assured any shortfall in the quality of the service could be identified and action taken where necessary.
- Comments made from people and staff regarding staffing levels were taken seriously by the registered manager. They told us they would gain people's feedback on staffing levels and have mandatory discussions with staff in supervisions, which would be used when reviewing the deployment of staff.
- The registered manager understood their responsibilities and provided us the information of changes or incidents that affected people who lived at the service.

- Staff were clear about their roles and responsibilities and the registered manager told us they had confidence in their abilities. They regularly checked this through attending the service during various times of the day and night including weekends.
- The registered manager was proud of their role and felt they had made improvements. They told us, "When I first arrived here I didn't think it was a nice home. The environment needed improvements, staff sickness was high, and I felt staff were not supported. However, sickness is now very low, staff tell me they are a lot happier, and there have been improvements to the environment. I know there is still work to do though."

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

- People and relatives were encouraged to share their views of the service. We saw numerous compliments people and relatives had made about the service. One relative said, "Thank you for the care you provided to our [named family member]. You made them feel safe and put a smile on their face right to the very end." Many people had also commented on the success of a summer fete held by the service recently."
- Staff meetings and supervisions were regularly held. Staff felt overall these were productive and could make suggestions and their views known.
- Meetings were used to communicate any concerns and improvements the registered manager felt were needed. For example, staff were reminded about certain terms used to refer to people when completing care notes. One record stated a person was 'bedridden'. The manager informed staff this term was not acceptable and instructed them to use more personable terms such as 'cared for in bed'.

Continuous learning and improving care

- The registered manager said they were concerned about staff competency with moving and handling techniques when they took up their post. They told us, "I decided to take up the recognised 'Train the Trainer' programme in this area so I could be assured this practice improved. I then trained the staff myself and because I spend time in the communal areas throughout the day I can see this practice continues to be safely carried out."
- The registered manager had received support from the local authority's 'Quality Team' to look at ways to reduce the risk of people experiencing falls in the service. Audits of falls showed incidences of falls were progressively reducing.

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.