

Croftwood Care UK Limited

Whetstone Hey Residential Care Home

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 Hey is a residential care home providing personal care to 39 people aged 65 and over at the time of the inspection. The service can support up to 42 people. The care home accommodates people in one adapted building.

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

People and their families were consistently positive about the care they received. People told us that they felt safe living there and received all the care they needed. They told us that they felt cared for by the staff team and that there were a range of activities in place which took their previous interests into account. People were happy with the meals provided and considered the building to be clean, well decorated and welcoming.

Our last visit identified shortcomings although these did not result in breaches of our regulations. These included no evidence to confirm that legionella checks had been undertaken, capacity of people had not always been assessed and there was no programme of activities. These had now all been addressed.

People received care in a safe environment with appropriate equipment. Risks associated with their care was fully taken into account. People received medication safely and, in a person-centred manner. There were sufficient staff available to meet people's needs and attend to them. New staff were recruited robustly. Systems protected people from abuse. The building was clean and hygienic with staff having access to suitable equipment to limit the spread of infection.

People were now 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. Staff received training and supervision in order for them to perform their role. The environment was tailored to take people's needs into account. People's nutrition and health were supported and promoted.

People were supported in a dignified and caring manner, enabling them to have their privacy respected. People were enabled to communicate in their preferred manner and were given time to express themselves. Care plans were person-centred and included the needs of people in all aspects of their daily lives. Activities were now in place and sought to reduce the risk of social isolation.

The service had responded improvements needed at the last inspection. Audits supplemented the drive for improvements. People and their families were invited to comment on the quality of care provided. Links with the local community were established.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was Requires Improvement (published 12 June 2018).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whetstone Hey on our website at www.cqc.org.uk.

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 Hey Residential Care Home

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

This visit was carried out by one inspector.

Service and service type

Whetstone Hey is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

This inspection was unannounced on the first day and announced on the second.

What we did before inspection

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 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 six people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff as well as the registered manager, senior care and activities staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four 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.

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. This was because of issues in respect of medication records and legionella testing. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

- The registered manager now had a system in place for analysing accidents and incidents as they occurred. This was an improvement from the last inspection
- Reflective accounts were undertaken during supervision and team meetings when things went wrong; with medication errors, for example.

Using medicines safely

- Medicines were now safely managed. This was an improvement from the last inspection
- Systems were in place for the safe storage, ordering, administration and disposal of medication.
- People told us "I always get my tablets on time" and "[staff] never miss me out".
- Medication was administered in a person-centred and patient manner.
- Medication systems were audited regularly to ensure that they were safely managed.

Assessing risk, safety monitoring and management

- Risk assessments were appropriately completed and reviewed.
- Assessments related to the health and wellbeing of people outlined the potential hazards people faced from issues such as falls, malnutrition and pressure ulcers, for example.
- Additional assessments were in place relating to risks present in the environment.
- Equipment and systems used in the building were checked regularly to ensure they were safe to use.
- Each person had an up to date individual personal evacuation plan which provided staff with the information they needed to evacuate each person from the building in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us "I feel safe here" and "I have no worries about the staff team; they are very kind".
- Relatives echoed this view and felt reassured that their relations were safe living at Whetstone Hey.
- Staff understood the types of abuse that could occur and knew how to report concerns.
- Staff had received training in safeguarding and knew of other agencies they could raise concerns with.

Staffing and recruitment

- Recruitment of new staff was robust.
- Appropriate checks were made while new staff were being recruited such as disclosure checks, references and checks on identity.
- Newer staff told us their recruitment had been fair and thorough.

- There were sufficient staff available to meet people's needs.

Preventing and controlling infection

- The building was clean and hygienic.
- People told us the building was "very clean" and "it is spotless".
- Staff had received appropriate training in minimising the spread of infection.
- The registered provider employed domestic staff who systematically cleaned the building during our visits.
- Staff used personal protective equipment (PPE) such as disposable gloves and aprons when providing personal care.

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. This was because staff knowledge of gaining consent was limited. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this. We made a recommendation at the last inspection that the registered manager sought training for staff in gaining consent. This had been addressed.

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, 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.

At our last inspection we recommended the provider consider providing training to staff on consent. This had been done and staff were conversant with the need to gain consent from people who used the service. This was an improvement since the last inspection.

- Staff were now able to outline how they would gain consent from people before supporting them.
- Care plans included an assessment of people's capacity to make decisions.
- Where people lacked capacity, evidence was in place of a best interests' decision process.
- Where deprivation of liberty authorisations were granted; the registered manager kept track of conditions and whether they were current.
- Staff understood the principles of the MCA and had received training.

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

- People told us "the food is very good", "They [staff] make sure we are well fed" and "We always get a choice".
- Appropriate and accurate food/fluid charts were now maintained.
- Nutritional needs of people were outlined in care plans including reference to likes, dislikes and allergies.

- The visit coincided with a spell of very hot weather. Staff ensured that heatwave guidance was initiated with people being actively encouraged to keep hydrated.
- Assessments were in place to determine the risks people faced from malnutrition and people's weights were monitored. Where people had lost weight; action was taken to monitor this and make referrals to other agencies such as dieticians to promote nutrition.
- Lunchtime was a very relaxed time. Staff were attentive to people's needs and ensured that food was served hygienically.
- Food was prepared in a well-equipped and clean kitchen that had received five stars (the maximum rating) following a recent food hygiene inspection.

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

- Assessments were completed prior to people moving into the home to ensure staff were able to meet their needs; information was gathered from other health and social care professionals to help complete these assessments.
- Assessments of people's care needs were completed in good detail and provided guidance for staff to support people based on their needs and choices.

Staff support: induction, training, skills and experience

- Staff confirmed they received the training they needed to perform their role. An ongoing training matrix was in place outlining topics which were relevant to the needs of people and safe practice.
- Staff received regularly one to one supervision as well as regular team meetings.
- Supervision included the opportunity to reinforce good practice as well as to discuss improvements when things had gone wrong. New staff confirmed that they had received a structured induction programme which had prepared them for their new role.
- Induction included a period of shadowing to determine a new member of staff's competency and was accompanied by a probationary period.

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

- The building was equipped to ensure people could mobilise or be transferred safely.
- People told us that the building was well decorated and was in line with their tastes.
- Signage was available to assist people orientate themselves around the building.
- Adaptations such as ramps and handrails were in place to assist people with access to areas of the building.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People's health was promoted.
- People stated that "I feel well" but "They will always get a doctor out if I am not well; they look after me".
- Care plans outlined the main health needs of people and how wellbeing could be promoted.
- Records provided an ongoing commentary on medical interventions and their outcomes.
- The service worked with other health agencies in a timely manner to ensure people's health and wellbeing was promoted.

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

- The spiritual and cultural needs of people were outlined in care plans.
- People were supported well in line with their individual needs.
- People told us "I feel cared for" and "They look after us". Relatives echoed this view telling us "They [staff] are wonderful".
- Visitors and families were welcomed by the staff team.
- Attention was paid to people's appearance with staff ensuring that people were well- presented in line with their wishes and preferences.

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

- People were able to express their views verbally and make decisions about their care.
- People were observed being given the time to make decisions about the support they received.
- Information in care plans indicated any sensory limitations people had so that staff could take these into account during interactions.
- People told us "They [staff] always ask us what we want and ask for our consent".
- Information was available about local advocacy services that could be accessed to enable people to receive independent support.

Respecting and promoting people's privacy, dignity and independence

- People and their families told us "They [staff] treat me well", "We are looked after" and "I feel cared for by the staff here".
- We observed caring, positive and respectful interactions. Staff were seen enquiring about people's health and wellbeing and taking a genuine interest in them.
- Staff were observed knocking on people's doors before being invited to enter and were able to outline practical steps to ensure privacy when supporting people with personal care.
- People's personal information was kept secure at all times.

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 Requires Improvement. This was because there was limited opportunities for people to pursue activities. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- A more structured activities programme was now in place. This was an improvement from the last inspection
- The registered provider employed an activities co-ordinator who was seen interacting with people individually as well as in group activities.
- Activities were tailored to the individual preferences of people with support being provided enabling people to pursue lifelong interests safely.
- People told us that there was always something to do in the day and that they had the choice to participate or not.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred outlining the support people required in all aspects of their daily lives as well as those areas where people remained independent.
- Care plans were regularly reviewed and were accompanied by daily records which provided an ongoing commentary of daily progress.
- People told us that they agreed with the care they received.
- Care plans were audited regularly to check they were accurate and up to date.

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.

- People told us they received all the information they needed from the staff team.
- People were able to understand written information as well as verbal information given to them.
- Staff were observed providing people with key information such as menu choices or available activities.
- Information on activities available was displayed and supported by pictures and symbols to emphasise planned events through each week.

Improving care quality in response to complaints or concerns

- People told us "I have no complaints" and "If I did, I know that the manager would listen to me and act

upon them".

- Information on how to make a complaint was available.
- Where complaints had been received; these were investigated in a thorough and timely manner.

End of life care and support

- No-one was receiving end of life care during our visit.
- Compliments received by families who had lost loved ones commended the staff for their care and support.
- Information was included on care plans in relation to people's future wishes. These included people's preferences in relation to remaining in the home when they reached the end of their life as well as spiritual considerations.
- Some people had preferred not to give this information on future wishes and this was respected.

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

- The registered manager and staff team were committed to providing person-centred support.
- The management team were engaged and transparent in their approach to the inspection process.
- Relatives and staff told us that the management team were open to ideas to enhance the lives of people they supported.
- It was clear that staff knew people well and put the person-centred values into practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 regulatory responsibilities and always informed us of significant events within the service.
- Ratings relating to the last inspection were on prominent display demonstrating a transparent approach to management.
- Action had been taken to address any shortcomings that we had identified at our last visit.
- A clear management structure was in place enabling a smooth delivery of support to people.
- Staff told us that the registered manager was "Approachable" and that they felt "Supported in their role".
- When something went wrong, such as medication errors for example, the registered provider had systems in place for reporting these to other appropriate agencies as well as taking action to prevent re-occurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives confirmed that they were fully involved in the care they received.
- People were always asked about the quality of support they received during interactions and comments were always listened to.
- People and their families were involved in the development and delivery of their service on an individual basis, through surveys.
- People and their families were invited to regular meetings to discuss aspects of the running of the service.
- The registered provider worked closely with health professionals and social work teams to ensure people's health and wellbeing were promoted effectively.

Continuous learning and improving care

- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed regularly and consistently by the management team. Regular staff supervision and care plan reviews were in place to ensure good standards of care were met and maintained.
- Representatives of the registered provider visited the service on a regular basis to conduct quality assurance checks.
- Staff meetings were held on a regular basis with training and supervision enabling key areas of practice to be discussed.