

CLS Care Services Limited

# Whetstone Hey Residential Care Home

## Inspection report

Old Chester Road  
Great Sutton  
Ellesmere Port  
CH66 3JX  
Tel: 0151 339 6233  
Website: [www.clsgroup.org.uk](http://www.clsgroup.org.uk)

Date of inspection visit: 20 October 2015  
Date of publication: 26/11/2015

### 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 

### Overall summary

This was an unannounced inspection, carried out on 20 October 2015.

Whetstone hey residential care home is a three storey building which provides accommodation and personal care for up to 42 people. Access to the upper floors is via a passenger lift or stairs. The home provides care staff 24 hours a day. At the time of our inspection there were 35 people living at the service.

The service has a registered manager. 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 2008 and associated Regulations about how the service is run.

# Summary of findings

We last inspected this location in August 2013 and we found that the registered provider met all the regulations we reviewed.

The registered manager and staff informed us that the planned programme of activities was currently under review. We observed activities taking place during our visit including beauty sessions and a cinema afternoon.

Quality assurance systems were in place at the service and records we saw identified areas for improvement and actions that had been taken by the registered provider.

People supported and their relatives told us they felt safe at the service. Staff had a good understanding and were aware of the different types of abuse. Staff knew the process for reporting any concerns they had and for ensuring people were protected from abuse. Staff told us they would not hesitate to raise concerns and they felt confident that they would be fully investigated in partnership with the relevant external agencies.

There were safe systems in place for the management of medicines. Medicines were administered safely and administration records were up to date. People received their medication as prescribed and staff had completed competency training in the administration and management of medication.

Robust recruitment processes were followed and there were sufficient qualified, skilled and experienced staff on duty to meet people's needs. Staff attended regular training sessions in areas such as moving and handling, first aid and safeguarding adults to update their

knowledge and skills. Staff had regular team meetings and supervisions to discuss areas of improvement in their work. Staff received support through supervision and team meetings which enabled them to discuss any matters, such as their work, training needs or areas of development.

Staff were caring and they always treated people with kindness and respect. People were happy with the care that they had received. They told us that "staff bend over backwards to help you" and "I cannot praise this place enough". Observations showed that staff were respectful of people's privacy and dignity and encouraged people to maintain their independence.

People's needs were assessed and planned for and staff had information about how to meet people's needs. Care plans we reviewed were personalised and completed in full and always promoted the involvement of the person or other important people such as family members. Staff were responsive in meeting changes to people's health needs. The registered provider promoted positive partnerships working with external health and social care professionals to make sure people received the care and support they needed.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager had a good knowledge and understanding of the Mental Capacity Act 2005 and their role and responsibility linked to this. Staff were able to show an understanding of the key principles when asked.

# Summary of findings

## 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

Risk management plans and assessments were regularly reviewed and updated. This ensured that people were kept safe and risks were minimised.

Staff understood their responsibilities in relation to protecting people from harm or abuse.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Good



### Is the service effective?

The service was effective

People received support from staff who understood their needs and preferences well.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate interventions in order to maintain good health.

Good



### Is the service caring?

The service was caring.

Care was provided with kindness and compassion.

People were treated with respect and staff understood how to provide care in a dignified manner.

People received the care and support they needed from staff that knew them well.

Good



### Is the service responsive?

The service was responsive

Care plans were detailed and informative and they provided staff with enough information to meet people's needs.

People supported and relatives told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Good



### Is the service well-led?

The service was well led

The registered provider had effective quality assurance systems in place to monitor the service provided. These were always completed in line with the registered provider's timescales.

There was a registered manager in post who was open and approachable. Staff were positive about the leadership at the service and felt supported.

Good



# Summary of findings

The registered provider had notified CQC of significant and notifiable events which had occurred at the service

# Whetstone Hey Residential Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 20 October 2015. Our inspection was unannounced and the inspection team consisted of two adult social care inspectors.

During our visit to the service we spent time speaking with six people who used the service and five family members and visitors. We also spoke with four care staff and the registered manager.

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 observed care and support in communal areas and staff interaction with people during a mealtime.

We looked at five people's care records and also records relating to five staff and the management of the service.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. We also contacted local commissioners of the service, the local authority safeguarding team, Infection prevention control (IPC) and Healthwatch who had previously visited the service to obtain their views. No concerns were raised about the service.

# Is the service safe?

## Our findings

People told us they were happy and felt very safe at the service. Observations showed that people were relaxed when interacting with staff and each other. One person commented, "I haven't lived here very long but I can't praise the place enough, I feel very safe". Family members raised no concerns about their relative's safety. Family member's comments included, "My [relative] living here gives our family 100% peace of mind that she is safe and well looked after".

Staff told us, and records we viewed confirmed that training in how to recognise and report abuse had been completed. Staff had a clear understanding of the different types of abuse and how to report it. They were confident that any concerns reported would be fully investigated and actions would be taken by the provider to make sure people were safe. We saw evidence of partnership working with the relevant authorities to make sure concerns were addressed and people were protected.

The registered manager showed a good knowledge and understanding of keeping people safe from harm. There were risk assessments and management plans to help keep people safe, for example for their mobility, skincare, nutrition and falls. Staff had a good knowledge of people's identified risks and described how they would manage them whilst promoting independence.

Regular reviews were undertaken by the registered manager and staff to discuss and highlight any changes to the care and support needs of people they supported. Policies and procedures were in place for all staff to monitor and manage risk safely. People were provided with equipment such as hoists which they needed to help with their comfort, mobility and independence. Records showed equipment people used was appropriately obtained following assessments of their individual needs.

People's medication was ordered, stored, administered and recorded correctly. Medication administration records (MAR) were all signed appropriately. Medications entering the home were recorded when received and when administered by senior members of staff. This gave a clear

audit trail and enabled the staff to know what medicines were on the premises. We checked records against stocks held and found them to be correct. Staff who administered medication were regularly observed to ensure they were competent in the management of medication.

The registered provider had procedures in place for recruiting staff. Required checks with the Disclosure and Barring Service [DBS] had been carried out as well as there being evidence of suitable references on file. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This ensured staff were suitable to work with vulnerable people.

Staff informed us and observations showed that there were enough staff on duty to meet people's needs. One member of staff told us. "We [staff] all help each other out if someone is sick. We will always try to cover the shifts ourselves." Rotas showed that there was a consistent team approach to support people living at the home. This ensured that people remained safe by being supported by people who knew them well and with the skills and knowledge of the home policies and procedures.

People were cared for in a safe environment. Regular checks were carried out ensuring the home remained safe. All appliances had warranty certificates seen at the inspection. Weekly fire alarm tests were completed by the maintenance person. People living and working in the home were aware of the fire procedures and were involved in practice evacuations. Firefighting equipment checks were in date, records of fire checks completed showed regular checks were carried out. Records confirmed that staff had completed health and safety training and regular updates were accessed in line with the registered provider's policy and procedures.

All parts of the service were clean and hygienic. Cleaning schedules were in place and these were regularly checked to ensure they were effective. Handwashing facilities were available in each person's bedroom and there was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons.

# Is the service effective?

## Our findings

People received effective care and support from staff that had the skills and knowledge to meet their needs. For example all people we spoke with, were positive about their experiences living in the home or visiting the home. People and their representatives were complimentary about the staff who supported them. One family member informed us “The staff are very helpful here, they sort out appointments and ensure my [relative] has the support they need. Nothing is ever too much”.

Staff received regular training to enable them to gain and maintain the skills needed to fulfil their roles. Staff development plans were in place and individual training needs were discussed within their supervisions. A member of staff told us that they receive regular and constructive supervisions. “The manager is very supportive. I feel I can talk to her if I need advice or guidance”. Annual appraisals were in place for staff. This enabled the provider to monitor the skills of the staff to ensure that people were receiving effective care. New members of staff completed an induction programme. The registered manager informed us that the induction programme has been developed alongside the care certificate qualification. General training completed by staff included safeguarding, moving and handling, fire safety and dementia awareness.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager had a good understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure

people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Care plans showed that people supported or their relevant others were always involved in making important decisions about their health and wellbeing. Staff demonstrated that they understood the principles of the Act. For example a staff member informed us how they supported people to make decisions by giving choice in a way that the person understood. An example of this was a providing a visual choice at meal times. Care plans showed mental capacity assessments had been completed with individuals and signatures showed the assessments had been discussed with them.

Appropriate applications had been made to the local authority for DoLS assessments and the registered manager was aware of the requirement to notify us of any applications that are approved.

People’s nutritional and hydration needs were met. We observed a pleasant lunchtime experience for people; they were relaxed, happy and chatting with staff and each other. Tables were set with appropriate equipment and condiments were available for people to use. Staff provided clear explanations to people when needed and visual choices where appropriate. Choices and preferences were listened to and if someone wished to have an alternative meal this was provided. One person informed us. “The food is lovely here. The meats are very good quality”. Another person told us “I often do not fancy what is on the menu as I feel unwell. The staff and chef will always ensure they tempt me with alternatives. The food is lovely”.

Records showed that health professionals were regularly involved with people who had particular health concerns. Staff quickly and effectively assessed information and made the relevant referrals to external health services for guidance and support. Staff explained their role and responsibilities and how they would report any concerns they had about a person’s health or wellbeing. Dates and the purpose of people’s visits with health professionals were recorded in detail in care plans.

# Is the service caring?

## Our findings

People were complimentary about the way staff treated them. People's comments included; "Staff bend over backwards to help you", "I cannot praise the place enough", "I enjoy the staff company" and "All the staff are very nice". Family members and visitors told us that staff were helpful, informative and very caring towards the people who used the service. They said they had always been made to feel welcome. Family members' comments included; "The home is excellent" and "Staff are wonderful".

Interactions between the staff and people who used the service were positive and relaxed. Staff were knowledgeable and able to meet each person's needs. Staff were caring, kind and empathetic towards people and they were patient in their approach when assisting people. We saw staff alter their approach to meet the different needs of people supported. For example, one person who was very new to the service appeared unsettled after lunch. Staff supported the person in an unrushed manner and engaged in conversation about their family. Staff were able to use their knowledge of the person and their history to offer comfort and reassurance.

People were involved as they wished in the planning of their care and support. During our inspection we saw that staff sought and acted on people's views. For example, we saw that some people chose to spend time in their bedroom rather than in communal areas. One person enjoyed writing each afternoon in their bedroom. Staff checked on people within their rooms regularly and offered them with drinks and snacks as well as any other support as required. Staff promoted personal choice and independence at all times when they engaged with people.

We saw that each person had their own bedroom which they had personalised with items such as family photographs, ornaments and their own furniture. One person told us "Having my own bits and pieces around me has made me settle well here. It's like my own home".

Care records included personal information about people. This included information about life history such as schools, occupation, hobbies, significant and memorable events, and likes and dislikes. Access to this information enabled staff to get to know people and help them to generate discussions of interest with people. For example, people told us that staff always showed interest in their family and health and that staff talked with them about their past lives, jobs and children. Staff knew what interested people to help engage in conversation which created opportunity for social interactions

Visitors were welcomed at the service and offered refreshments. There were a number of quiet private lounges where people and their visitors could go to enable them to have conversations without being overheard. One visitor told us "I enjoy coming here, the staff are friendly, people supported are always happy. It is somewhere I would be happy for my family members to live".

Staff treated people with dignity and respect and they were discreet when assisting people with their personal care needs. People received personal care in the privacy of their bedroom or bathroom with doors closed. Staff understood the importance of ensuring people's privacy was respected; For example; Staff knocked on bedroom doors and they waited for a response before they entered and they called people by their preferred names.

Where people did not have family members to support them to have a voice, the registered manager had a good knowledge of how to access local advocacy services. There was no information readily available for people on how to access local advocacy services. However we noted that some people were supported by staff to access advocacy support when required.

# Is the service responsive?

## Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. Care plans showed individual needs were being met and preferences were openly discussed with people.

During our visit we saw some activities taking place such as cinema afternoon with popcorn and beauty sessions. People told us staff were planning a Halloween event with a raffle and prizes. There was an activity planner displayed within each area of the home showing a variety of activities. Through discussions with people living at the home, visitors and staff we were informed that a review of the activity programme was taking place. People told us that the service makes sure that they have their newspapers or magazines each day. One relative said "It would be nice to see some activities taking place upstairs for people".

Each person had an activity log within their care plans which highlighted a number of different activities. These records were not completed in full and it was not clear as to what activities people had been involved in on a regular basis. The registered manager and staff confirmed that monthly resident meetings had not taken place since April 2015. This meant that views and opinions about activities were not regularly asked or recorded from people who live at the service. The registered manager had raised this as an area of improvement within a recent staff meeting. Staff were informed why the monitoring of the provision of

activities for people is important. The registered manager acknowledged the need to improve the records and confirmed they would undertake a regular review to ensure records were fully completed.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected people's wishes. People and those that mattered to them were actively involved in the assessment of their support. Care plans were updated and signed with the person on a regular basis. We saw that staff routinely listened to people and recognised that the service was someone's home.

Care plans and risk assessments were regularly reviewed and evidenced that changes to people's care and support needs had been made. An example of this practice was when people had an increased number of falls. The registered manager had undertaken an analysis of why the falls occurred and what could be done to minimise the risk. Actions such as changes to people's immediate environment were undertaken alongside the introduction of assistive technology. The use of this technology and the changes made in the environment led to a reduced number of falls for people who live at the service.

People who used the service were actively encouraged to raise any concerns. We viewed records where concerns had been acted upon and resolved quickly. The home had a complaints and compliments procedure in place. We saw a record of four complaints that the provider had acted upon and successfully concluded. A relative informed us "we know how and who to raise a complaint if we needed too and we know our complaints would be listened to".

# Is the service well-led?

## Our findings

The service was managed by a person registered with CQC since October 2015. The registered manager had previously worked for the registered provider in a management capacity at the service since August 2015. They had a good understanding about their role and responsibility and displayed a positive commitment to providing good quality care.

People who live at the service told us that they had met the new manager and that she comes each day to see people to say hello. Staff informed us “Our new manager is brilliant. She supports both the people we support and the staff. We feel valued” and “You can see that the changes being made are to improve what we do. I feel inspired by our new manager, there are good changes ahead”. We saw positive relationships within the staff team and family members and visitors raised no concerns with how the service is managed.

There were a variety of daily, weekly and monthly audits which included the checking of care plans, risk assessments, health and safety, medicines management and Infection Prevention control (IPC). These were completed within the registered providers identified timescales. We saw that recorded accidents and incidents were monitored, to make sure any triggers or trends were picked up. The audits in place were effective in enabling the registered provider to identify any concerns that needed to be addressed. However, we found that completion dates were not always evidenced or comments such as ‘ongoing’ were written on the audits. This meant that the registered manager was unable to confirm when

concerns had been fully addressed. A discussion took place with the registered manager and an agreement was given that completion dates would be accurately recorded on the audits.

We saw minutes of staff meetings that took place where staff had discussed their practices such as managing medications and good record keeping. These meetings ensured that staff were kept informed about the service and their responsibilities as staff members. The minutes of meetings also identified where improvements were needed to drive up quality and keep up to date with best practice.

Satisfaction surveys were conducted in 2014 to find out people’s opinions about the quality of the service and the comments were positive. The registered provider was undertaking 2015 satisfaction survey.

All staff we spoke with informed us they could talk with the provider and know that they would

be listened to if they had any concerns. All staff were aware how to whistle blow and said they would be happy to do so if they needed to.

We examined all the policies and procedures relating to the running of the home. We found all were reviewed and maintained to ensure that staff had access to up to date information and guidance.

Providers are required to inform the Care Quality Commission of important events that happen in the home. The registered manager had informed the CQC of specific events the provider is required, by law, to notify us about and had reported incidents to other agencies when necessary to keep people safe and well.