Whiston Hall Limited

Whiston Hall

Inspection report

Chaff Lane
Whiston
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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

Overall summary

The inspection took place on 21 January 2015 and was unannounced. Our last scheduled inspection at this service took place in November 2013 and we found the service compliant.

Whiston Hall is a care home which providers accommodation for up to 48 people. Some people who used the service were living with dementia. The service is situated in Whiston. At the time of our inspection there were 36 people using the service.

The service had a registered manager in post at the time of our inspection. 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.

The registered provider had systems in place to ensure people were safe. A safeguarding vulnerable adult's

Summary of findings

policies and procedures were available and there was a clear guide for staff to follow if required. We spoke with staff who were knowledgeable about recognising abuse and how to respond and report abuse.

The service had a procedure to follow to ensure safe recruitment practices were followed. Pre-employment checks were obtained prior to people commencing employment.

People's medicines were managed safely. We observed two senior staff administering medicines during the morning. Staff were patient and explained what the medicine was for. Staff waited with people and supported them to take their medicines as they wished. Staff who administered medicines had completed a safe handling of medicines course.

We looked at care plans belonging to four people and found people had risk assessments to monitor and manage risks associated with their care. Risk assessments stated factors which needed to be considered and what action to take to minimise the risk.

Staff we spoke with felt they were trained to carry out their role and responsibilities effectively. Staff told us training provided was of a good quality and valuable. We looked at the training matrix and found that training was planned and delivered.

Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet.

We found that some people who used the service were living with dementia. The environment was not particularly dementia friendly. We discussed this with the registered manager and we asked him to consider best practice for people living with dementia.

People developed relationships within the service and enjoyed spending time with friends. The service operated a key worker system. A key worker is a member of staff working alongside a person and supporting them on an individual basis.

We saw evidence in care plans where people and their relatives had been involved in their care. People had signed to say they agreed with their care plan.

People we spoke with enjoyed the range of activities on offer and said they were involved in choosing them. We observed activities taking place which were led by the activity co-ordinator.

The service had a complaints procedure and responded, in a timely manner, to concerns raised.

Through observations and talking with people we found the registered manager spent time with staff and people who used the service to find out the quality of the service provided. Staff and people who used the service felt included in the running of the service.

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.

Safeguarding policies and procedures were available and there was a clear guide for staff to follow if required.

The care plans we looked at included risk assessments which identified any risk associated with people's care.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs.

We saw that medicines were ordered, administered, stored and disposed of safely and in conjunction with the provider's medication policy and procedure.

Good

Is the service effective?
The service was effective.

Staff received training and development which supported them in delivering high quality care.

The registered manager and staff we spoke with understood the principles of the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards.

People told us the food was good and mealtimes were relaxed and informal.

Good

Is the service caring?
The service was caring

People developed relationships within the service and enjoyed spending time with friends. The service operated a key worker system.

People were supported to remain as independent as possible. Staff knew what people's needs were, listened to them and respected their views and wishes.

Good

Is the service responsive?
The service was responsive

People who used the service had their needs assessed and received individualised support. People had care plans which reflected each person's current needs and how best to support the person.

We observed activities taking place which were led by the activity co-ordinator. Activities were based on what people enjoyed doing.

The service had a complaints procedure and responded, in a timely manner, to concerns raised.

Good

Is the service well-led?
The service was well led

The service promoted a culture which was open and inclusive. The registered manager spent time with staff and people who used the service.

Good

Summary of findings

People were aware who the manager was and were confident in his abilities.

The service completed audits to ensure the service provided was of a good quality.

Whiston Hall

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 checked 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.

The inspection took place on the 21 January 2015 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority who told us they found the service to be of a good standard. We also contacted Healthwatch Rotherham to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with four care workers, a cook, activity co-ordinator and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

We observed care and support in communal areas and also looked at the environment. 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 also spoke with seven people who used the service.

Good

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe. One person said, "I feel safe here and the staff are very good and patient." Another person said, "I wouldn't want to live anywhere else."

The registered provider had systems in place to ensure people were safe. A safeguarding vulnerable adult's policies and procedures were available and there was a clear guide for staff to follow if required. We spoke with staff who were knowledgeable about recognising abuse and how to respond and report abuse. Staff we spoke with told us they would report any safeguarding issue straight away. They knew they could contact the local council and the Care Quality Commission if they were concerned about the care and welfare of people who used the service.

We looked at care plans belonging to four people and found people had risk assessments to monitor and manage risks associated with their care. Risk assessments stated factors which needed to be considered and what action to take to minimise the risk. Risk assessments were clear and easy to follow and staff we spoke with knew what the risks were.

Through discussions with staff and people who used the service we found there were enough staff with the right skills, knowledge and experience to meet people's needs. We spoke with staff and people who used the service and observed staff working with people. We saw that there were enough staff to support people to meet their needs. We saw staff were able to respond to people quickly and supported people at their own pace. One person said, "Staff are very nice and they always have time for us, nothing is too much trouble."

At the time of our inspection there were two senior staff and four care workers who worked 8am to 8pm. At 8pm this dropped to one senior and two care workers. We spoke with staff who told us they could meet people's needs.

The service had a procedure to follow to ensure safe recruitment practices were followed. Pre-employment checks were obtained prior to people commencing employment. These included two references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service check. The DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. The records we looked at confirmed this. Staff we spoke with also explained their experience of the recruitment process.

People's medicines were managed safely. We observed two senior staff administering medicines during the morning. Staff were patient and explained what the medicine was for. Staff waited with people and supported them to take their medicines as they wished. Staff who administered medicines had completed a safe handling of medicines course. This was refreshed every two years to ensure their skills and knowledge were maintained.

We saw that medicines were stored, given to people and disposed of safely. Two senior care workers had the responsibility of ordering medicines and booking them in and out. However, we saw one bottle of medicine where the label was difficult to read and the dose was therefore unclear. We spoke with the senior care worker who resolved this with the pharmacy during our inspection. We also saw a bottle of eye drops with no date of opening wrote on the bottle. This was important as the eye drops required disposing of 28 days after opening. We spoke with the senior care worker about this and were told they usually put a date of opening on the bottle and showed me some other medicines where this had been done. The senior carer felt this had been an oversight but had only been opened recently.

Good

Is the service effective?

Our findings

We spoke with people who used the service and they told us they felt confident staff had the skills and knowledge to carry out their job and staff knew what people wanted and how to support them. One person said, "The staff are very kind and helpful, they know just what to do."

Staff we spoke with felt they were trained to carry out their role and responsibilities effectively. Staff told us training provided was of a good quality and valuable. We looked at the training schedule and found that training was planned and delivered. Mandatory subjects such as moving and handling, first aid, health and safety and food hygiene were completed regularly.

Staff we spoke with felt supported by the registered manager and the senior staff and told us they received regular supervision sessions (one to one meetings with their line manager). Regular planned staff supervisions are important as they provide a formal framework to reflect on practice and performance and can be used to identify any training needs or areas of development. Staff told us they found the sessions worthwhile and could discuss anything related to their role. One member of staff had recently had the opportunity to complete training to become a senior member of staff.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). 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 CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager was aware of the latest guidance. We saw relevant paperwork was in place where people had been subject to a deprivation of liberty safeguard and a care plan had been implemented to address this.

We observed staff asking people what they wanted to do and what they would like. Staff waited for the person to respond and then respected their wishes. This showed people were respected and they were given time to consent to care.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet. We spoke with people who used the service and they told us meals were lovely. One person said, The meals are always well presented and hot, just how I like them." Another person said, "There's always a good choice."

Breakfast was served as and when people came into the dining room so was very flexible to suit the needs of people. People were given choices for breakfast and lunch.

We spoke with the cook who was knowledgeable about people's dietary needs and people's choices. The cook ensured that people's choices were incorporated within the menu planning.

People were supported to maintain good health and have access to on-going medical support. People spoke positively about this. One person said, "Emergency services were called quickly when I fell." Another person said, "Staff respond well if we are poorly. If we need a doctor the staff call one."

We looked at care records and found notes which reflected that people were referred to health professionals when required. For example, we saw occasions where referrals had been made to community psychiatric nurse, dietician and referrals to the falls clinic where needed.

We found that some people who used the service were living with dementia. The environment was not particularly dementia friendly. There were no signage for bathroom, toilets, bedrooms and lounges. The menu was not displayed in picture format. There were no tactile objects for people to see and touch. We discussed this with the registered manager and we asked him to consider best practice for people living with dementia.

Good

Is the service caring?

Our findings

People we spoke with felt their dignity was promoted and staff were very caring. One person said, “We are always well looked after here.” Another person said, “Staff are very caring, I like them all.”

We saw staff took time to explain things so people knew what was happening and supported people to do things at their own pace so they were not rushed. This applied to decision

making as well as support with care. This was confirmed by people we spoke with. People we spoke with felt their views were respected. One person said, “My key worker talks to me about my care and asks me for my opinion, I feel very involved.”

People developed relationships within the service and enjoyed spending time with friends. The service operated a key worker system. A key worker is a member of staff working alongside a person and supporting them on an individual basis. Staff we spoke with told us how they built up relationships with the person and their families. One member of staff said, “This gives us the opportunity to work closely with people and their families and gain more insight into people’s preferences.”

People were supported to meet their needs by staff who were knowledgeable about their individual preferences and choices. We saw staff respecting people’s dignity by knocking on doors and waiting for a response and closed doors and curtains to preserve their privacy. Staff we spoke with told us about the importance of respecting people and their home. One staff member said, “We are visitors in their home, and we respect that.”

People were supported to remain as independent as possible. Staff knew what people’s needs were, listened to them and respected their views and wishes. We observed one member of staff who sat at the side of a person to assist them with taking their medication. As soon as the staff member sat at the side of the person they gave the staff member a hug and a kiss on their check and said, “You are lovely.” This was followed by a positive interaction between the person and the staff member and showed a relationship of trust had been developed.

Another person told a care worker that they did not feel well that morning. The care worker was very kind and caring in their response and took time to help the person explain what was wrong and how they were feeling.

Staff worked on an individual level with people and at their own pace. People were unhurried and staff responded to people quickly and with compassion and kindness.

Good

Is the service responsive?

Our findings

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People we spoke with said, "Staff talk to me and ask if I am happy here." Another person said, "I know I have a care plan, but I am happy for my family to sort that out."

We saw evidence in care plans where people and their relatives had been involved in their care. People had signed to say they agreed with their care plan. We asked people what they would do if they saw something in their care plan which they didn't agree with and they told us that they

would discuss this with the staff. Most people we spoke with felt able to contribute to their care plans. Some people had nominated their relative to be involved in this area of their care.

Care plans we saw acknowledged what people preferred to be called. One person's care plan indicated that they preferred a shortened version of their first name to be used we saw this was respected.

We saw that care plans were in place to support dementia care, but only contained information around choice. We spoke with the registered manager about expanding these care plans to better meet the needs of people living with dementia. The registered manager told us he would look at these care plans.

People we spoke with enjoyed the range of activities on offer and said they were involved in choosing them. Activities were based on what people enjoyed doing. An activity co-ordinator was in post at the service who organised a range of activities based on people's interests. We observed activities taking place which were led by the activity co-ordinator. On the day of the inspection we saw a quiz taking place, the mobile library visited and card making. Some people were quite happy spending time in their bedrooms and others enjoyed magazines, newspapers and puzzle books.

A monthly newsletter was produced by the activity co-ordinator which included forthcoming trips and activities, birthdays and special events. This helped to keep people informed of what was happening in the service.

The service had a complaints procedure and we saw that the provider had responded, in a timely manner, to concerns raised. The registered manager kept a log of complaints along with related correspondence. People we spoke with told us they could talk to the registered manager or any of the staff if they had a concern. One person said, "I would tell the staff if there was a problem, and they would make sure it was sorted out." Another person said, "The manager makes sure we are alright."

Good

Is the service well-led?

Our findings

We spoke with people who used the service and they told us the service was managed well. People knew who the registered manager was and told us he was very approachable. One person said, “The manager always says hello and chats to us, makes sure we don’t need anything.” Another person said, The manager has an active role in the home and always tries to make sure we are alright.”

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. People we spoke with felt the service was well run and the registered manager respected their views and opinions.

Staff we spoke with told us the registered manager was very supportive. One care worker said, “He (the manager) lets us work on our own initiative, but if we need him he is always there.”

Through observations and talking with people we found the registered manager spent time with staff and people who used the service to find out the quality of the service provided. Staff and people who used the service felt included in the running of the service. They felt they could voice their opinions and these were valued and considered. For example, one person had raised concerns that the carpets in the main reception area required cleaning. This was addressed and embedded into the cleaning schedule.

The service completed audits to ensure the service provided was of a good quality. The areas covered included medication, health and safety, infection control and care plans. Where areas needed to be addressed the registered manager had devised an action plan to ensure this was completed.

In addition to the audits the registered manager, completed an audit on a bi-monthly basis. This included areas such as staffing, nutrition, infection control, personal hygiene, and meal service. We saw that issues raised in previous audits had been addressed and were no longer a problem. For example, one action plan stated that the person’s key worker should be named in their care plan. We saw from the documents seen on inspection that this had been actioned. Another action was to remove communal toiletries from bathrooms. Again we saw this had been actioned.

We looked at documentation and found that the registered manager had taken action where necessary. For example, we saw minutes of a catering meeting which took place in August 2014, after the registered manager had found the kitchen in need of cleaning. Action taken was a deep clean to commence immediately, review of rota and working hours, one to one meetings to review and monitor performance. This showed the registered manager had addressed this in a timely and effective way.

People’s views and opinions were taken in to consideration and people felt involved in suggestions and ideas about the home. An annual customer service questionnaire was completed, which was last done in August 2014. This was sent to relatives and people who used the service. The outcome of the survey was discussed at resident and relative meetings. Comments were positive, for example, ‘I am very happy with the care provided,’ and ‘Staff are approachable and helpful,’ and ‘Cleanliness is the best I have ever seen.’

We spoke with staff who felt they were involved in the service. They told us the registered manager listened to them when they had made suggestions. Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.