Whiston Hall Limited

Whiston Hall

Inspection report

Chaff Lane
Whiston
Rotherham
South Yorkshire
S60 4HE

Tel: 01709367337

Date of inspection visit:
08 September 2020

Date of publication:
21 October 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Whiston Hall provides personal care to older people with a range of support needs, including dementia. It accommodates up to 48 people, and 17 were using the service at the time of the inspection.

People's experience of using this service:
People gave us positive feedback about the home. One person's relative described the service as the best they had ever visited and another said they were very happy with the home. One person using the service said: "I have nothing to complain about, everything is going really very well."

People were supported by staff who were deployed in sufficient numbers to meet their needs. Staff were aware of how to safeguard people from abuse and had received training about how to recognise and respond to concerns.

We found some shortfalls in the training programme, and some staff told us they felt they had not received enough training. The manager told us training had been difficult during the COVID-19 lockdown, but they had recently commissioned a new trainer and training programme, and expected to see progress very soon in this area.

Medicines were managed in a way that had improved since the home was last inspected, and audits ensured managers had a good oversight of this. We found some minor shortfalls in the medicines we looked at, but the manager assured us this would be addressed.

We identified infection control systems could be improved in the home. Not all staff had received infection control training, and none of the staff we spoke with could remember having any training about how to use personal protective equipment (PPE) during the pandemic. We observed staff using PPE correctly, although noted staff did not observe social distancing guidance at all times.

The manager was committed to raising standards in the home, and had devised a comprehensive improvement plan to support this. Staff gave us a mixed picture about governance at the home, with some saying they felt very supported, but others saying this was not the case.

Rating at last inspection:
The last rating for this service was requires improvement (published February 2020) At our last inspection we found management systems were not sufficiently robust to ensure the service was managed effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, although further improvements are required.

Why we inspected:

This was a planned focussed inspection based on the rating at the last inspection. As this was a focussed inspection, we reviewed the key questions of safe and well led only. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has not changed.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

Whiston Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Whiston Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service did not have a registered manager. The manager was new in post and was going through the process to register with CQC at the time of the inspection. Registered managers 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

We gave the provider 48 hours' notice of the inspection. This was due to the COVID-19 pandemic to ensure we had prior information to promote safety. Inspection activity began on 4 September 2020 and finished on 11 September 2020. A visit of the home took place on 8 September 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, and reviewed feedback from the local authority and professionals who work with the service. We did not ask the provider to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with two people using the service and three people's relatives about their experience of the care provided. We spoke with six members of staff including the manager. We carried out an inspection of the premises, and observed lunch and day to day activities taking place. We reviewed a wide variety of records relating to the management of the service, including audits, policies and procedures, as well as four people's care records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

● There were systems in place to manage the risks of infection, although we identified some areas which could be improved.

● Staff told us they had the correct personal protective equipment (PPE) to carry out their jobs safely, and we observed them using it. However, not all staff had received training in how to correctly use PPE.

● Staff didn't consistently ensure they were socially distanced where possible, and two staff told us they could not recall having any training about this.

● Most staff told us they had received training in infection control, and said they felt confident in their understanding of the requirements placed upon them.

Using medicines safely

●There were secure systems in place to support people in managing their medicines safely.

• Medicines, and records of medicines, were audited frequently to ensure any shortfalls were identified, although we identified some minor shortfalls in stock numbers.

● Staff handling medicines had received medicines training and we observed them following correct procedures. They had also recently undergone medicines competency checks, which they told us had been useful.

● Where people required medication on an "as required" basis, often referred to as PRN, there were protocols in place to guide staff when these medicines should be used.

Systems and processes to safeguard people from the risk of abuse

● There were systems in place to monitor and act upon any suspected abuse.

● People's relatives told us they were confident any suspected abuse would be appropriately dealt with. One said: "[My relative] is very safe there, I have no concerns at all in that regard."

● The provider had taken the correct action when incidents of suspected abuse occurred, ensuring notifications were made to CQC and taking steps to prevent any recurrence.

● Staff had received training in safeguarding, and those we asked could describe the action they would be required to take should an incident arise.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

● There were risk management plans in each person's care record. These were detailed and regularly reviewed.

● Where risks were identified, the provider implemented actions to minimise risks and make improvements

to safety; for example, by making appropriate referrals to external healthcare professionals and acting on their advice and instruction.
● When people's needs changed, risk assessments were updated to reflect this.
● The manager told us they monitored incidents in order to learn from them, and carried out regular analysis to identify trends or patterns.

Staffing and recruitment
● There were enough staff deployed to ensure people's needs were met.
● People's relatives and staff confirmed people's needs were met and they had no concerns about any staffing shortfalls. One relative said: "All [my relative's] care needs are met, this is the best home I've ever visited." Staff told us they believed staffing numbers were safe.
● Staff were usually present in communal areas, and whenever someone asked for assistance staff were on hand.
● Staff were deployed in numbers in accordance with people's identified needs. The manager told us this was reviewed regularly.

Requires Improvement

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 inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
At our last inspection we found management systems were not sufficiently robust to ensure the service was managed effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, although further improvements are required.

- The manager had been in post less than two months at the time of the inspection and their application to register as manager was being processed. They had a clear understanding of their responsibilities and how their work contributed to the effective running of the service. They were working to address the shortfalls identified at the last inspection.
- There was a range of audit systems in place, which were carried out regularly and to a thorough standard. The manager told us the audits were under review, and said they did not currently carry out an overall manager's audit.
- Staff gave us a mixed picture about management within the home. While some said they felt supported and said the service had improved, others did not hold this view and said they did not feel supported and could not raise concerns. The manager told us some staff were being closely managed to raise standards, and felt this was having an impact on how they perceived their work.

Continuous learning and improving care

- Records showed there were shortfalls in staff training, and staff gave a mixed picture of the training they had received. One staff member acknowledged training provision had been difficult during the lockdown period, but said a lack of training had hampered them in carrying out their duties.
- The manager, and the nominated individual, told us a new training programme was being introduced and they were confident it would address the shortfalls we identified.
- The manager told us they were committed to improving the service they provided, and gave an example of how they had made changes to one aspect of care following feedback from people using the service.

Promoting a positive culture that is person centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on the duty of candour which is their legal responsibility to be open and honest with people when something goes wrong.

- The manager had a good understanding of care quality and delivering person centred care.
- Care was provided in a person centred way. Staff we observed demonstrated this. Staff told us this was important to them in their work, and were proud of treating people in an empowering way.
- Relatives told us the staff team were open and approachable, with one saying: "They are all great." Another said: "The new manager is very good, keen to get things right."

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

- People's feedback was regularly sought, and incorporated into the way the service was run. There was a system of meetings for people using the service, which encouraged people to make decisions about day to day life in the home.
- Some staff told us they felt they could make suggestions and were listened to, but others said this was not their experience.
- Records showed very few staff had received training in relation to the Equality Act 2010 protected characteristics, and staff we spoke with told us they were unsure about this area.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.
- The local authority, who funded some of the people using the service, told us they found the new manager to be engaged and committed to working with them to improve the service.