

Whiston Hall Limited

Whiston Hall

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

Whiston Hall is a residential care home providing personal care to older people with a range of support needs. Whiston Hall can provide accommodation for up to 48 people. At the time of our inspection 15 people were using the service.

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

The home had a process in place to ensure people were safeguarded from the risk of abuse. Risks associated with people's care were identified and managed safely. The provider had a recruitment system in place to ensure appropriate staff were employed. Accidents and incidents were monitored, and trends and patterns identified to minimise future incidents.

The provider had systems in place to ensure people received their medicines as prescribed. The provider was promoting safety through the layout and hygiene practices of the premises. However, during the tour of the home we identified some minor concerns which were addressed immediately.

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.

Staff told us they received training and support which gave them the knowledge to carry out their role effectively.

The provider had a complaints procedure and sought feedback from people. The management team used these systems to develop the service.

We looked at care documentation and found people's needs were assessed. Care plans included information about people's choices and preferences.

People and their relatives were complimentary about the home and told us they felt happy. Staff interacted well with people and assisted them in a person centred way.

Systems were in place to ensure the quality of the service was monitored and actions were taken to address issues as they arise.

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 requires improvement (published 23 October 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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

Whiston Hall is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Whiston Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and nine relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, chef and care workers. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- Staff understood the safeguarding process, had received training and knew what action to take if they suspected abuse.
- People we spoke with felt safe living at the home. One person said, "I'm very safe here." Relatives we spoke with felt their family member was safe. One relative said, "[Family member] is absolutely safe, 100%. The staff are wonderful. I trust the way they are. They give me all the information I need and answer my questions."

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and managed to ensure people were safe.
- Risk assessments were in place for risks such as falls, choking, and pressure area care. We saw appropriate actions had been taken. One person was at risk of falls and a sensor mat was in place to alert staff when they mobilised.
- The provider ensured equipment such as hoists were maintained, and regular maintenance of the premises was carried out.

Staffing and recruitment

- The provider had a recruitment process in place to ensure appropriate staff were employed at the home. This included obtaining and reviewing pre-employment checks.
- We observed staff interacting with people and found there were enough staff available. The home had low occupancy levels and the registered manager told us that staffing numbers would increase if more people moved into the home.
- Relatives told us they were happy with the staffing situation and said it had improved. One relative said, "I do see the same staff and the agency staff are good too. At one stage they took a while to answer the door and phone, but this has improved recently."

Using medicines safely

- The provider had a system in place to ensure people received their medicines as prescribed.
- Medication administration records showed when people had received their medicines and the amount of medicine remaining in stock.
- Some people's medicines were prescribed on an 'as and when' required basis. Protocols were in place to identify when and how these medicines should be administered. These could be more detailed.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. During the tour of the home we identified some minor concerns which were addressed immediately.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home, however some relatives said they would like more choice about where they visited. Relatives commented that they have access to a visitor's room and outside but would like to start visiting other parts of the home. The provider was looking at other options to open up the home safely.

Learning lessons when things go wrong

- The registered manager had a system in place to record, monitor and analyse accidents and incidents.
- Trends and patterns were identified and used to ensure lessons were learned.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and care was delivered in line with people's individual needs.
- Care plans and supporting documentation included information about people's choices and preferences.

Staff support: induction, training, skills and experience

- The registered manager ensured staff were appropriately trained and supported to carry out their role.
- Staff we spoke with told us the training was informative and that their competencies were also checked to ensure they had understood the training.
- People and their relatives felt staff were confident and competent to carry out their role.

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

- People received a healthy balanced diet which met their needs and took into consideration their preferences.
- People were involved in menu planning and the chef told us they regularly asked for feedback about the meals.
- We observed lunch being served and found this was a pleasant experience and people were offered several choices of food and drinks.
- People we spoke with told us they enjoyed the food. One person said, "The food is always good." Another person said, "The braising steak is very good."

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

- People's care needs were kept under review and people were referred to other professionals when required. For example, the falls team, speech and language therapists and dietitians.
- Care plans reflected advice given from other professionals to ensure people received appropriate and consistent care in line with their needs.

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

- The home is currently operating on one floor due to the low occupancy numbers.
- There were several areas of the home where people could choose to sit. The registered manager was in the process of creating a 'coffee shop' where people could spend time with their family.
- People had access to outside garden areas.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff were knowledgeable about the MCA and worked in line with the requirements.
- People's care plans included mental capacity assessments and best interest decisions had been made where people lacked capacity.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- Staff supported people in a caring and person-centred way.
- People and their relatives were complimentary about the care they received. One person said, "I love it here. "I am well looked after; the staff are very caring and kind." Another person said, "I can't fault the staff, I attend a church zoom service weekly." One relative said, "They [staff] are compassionate."

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

- We looked at care planning documentation and found people had been consulted about their care.
- During our inspection we saw staff offering choice to people about what to eat, where to sit and how they wished to spend their day.
- People and relatives, we spoke with felt involved in decisions about their care. One relative said, "[Family member] can make some of their own decisions i.e. they can choose their own meals, but medical decisions are a bit more difficult for [family member]."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and treated people in a sensitive and caring way, ensuring their privacy and dignity was maintained.
- We saw staff knocked on doors and waited for a response prior to entering bedrooms, bathrooms and toilets. One relative said, "The staff knock on the door before entering [family members] room. The personal care is appropriate and considerate. [Family member] feels looked after as a person and not a customer."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; 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 received person-centred care which met people's needs and took into consideration their choices and preferences.
- Care plans we reviewed clearly identified people's needs and how they preferred to receive care and support.
- Staff provided social activities and stimulation for people on a one to one basis and as a group. Some people living at the home preferred spending time in their rooms and had access to reading materials and televisions. One relative said, "They sent me a video and photos of [family member's] birthday celebrations. The staff said how much they enjoyed celebrating [family member's] birthday with them. It gives me a warm feeling inside to know that we have people that we can talk to as if they're family members."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans included information about supporting people to communicate effectively.
- Some people required the use of aids such as spectacles and hearing aids to assist them. Others required staff to speak clearly and slowly.
- We saw staff communicated with people effectively and gave people time to respond.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place but had not received any complaints since our last inspection.
- The registered manager told us complaints are encouraged and would be used to improve the service. One relative said, "I've not had any issues or concerns. I just feel I can contact the home whenever I want to. I have no concerns with the staff whatsoever."

End of life care and support

- People's care plans included some information regarding end of life care; however, these could be more detailed.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 management team consisted of the registered manager, a deputy manager and senior care workers. The team understood their legal responsibilities, duty of candour and regulatory requirements.
- People, relatives and staff spoke highly of the management team and told us they had seen lots of improvements since the current registered manager took over. One relative said, "The manager and the deputy are open and available for any concerns. If I speak to them it does get dealt with straight away." Another relative said, "They've had a lot of managers I hope this one stays. I'm quite positive that this one will stay. It's unnerving when they have a lot of changes. I think that she's [registered manager] dedicated to the staff and the residents."

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 keen to ensure people lived a good quality of life where their needs were met, and their preferences considered.
- People and relatives, we spoke with were happy with the home, the staff and the care they or their loved one received. One relative said, "The level of care [family member] gets is great and I would recommend the home to anyone else looking for a care home."

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

- The registered manager routinely sent out questionnaires to request feedback about the home and the service provided. The results were displayed in the main entrance in the format of 'you said, we did.' For example, one comment was that people would like to see more choice of meats for sandwiches. This was passed on to the chef who was instructed to purchase a variety of different meats.

Continuous learning and improving care

- The home had a quality monitoring system to ensure the service was regularly checked and any actions addressed. Audits were in place for things such as medication, infection control, and care planning.
- This was effectively used to identify areas to improve and maintain quality within the home.

Working in partnership with others

- The registered manager and staff team worked in partnership with others such as the local authority and healthcare professionals.
- The registered manager could demonstrate that advice from other professionals was used to improve the service and care provided at the home.