

Whiston Hall Limited

Whiston Hall

Inspection report

Chaff Lane
Whiston
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South Yorkshire
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Tel: 01709367337

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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

The inspection took place on 24 January, 2017 and was unannounced. The home was previously inspected in January 2015 and the service was meeting the regulations we looked at.

Whiston Hall is a care home which provides accommodation for up to 48 people. The home is within easy reach of local amenities such as shops, village hall and public transport.

At the time of our inspection the service did not have a registered manager in post. 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 provider had appointed a manager who had commenced the registration process. A new manager had been appointed and had been in post for two weeks at the time we visited the service. They were in the process of registering with the Care Quality Commission.

We spoke with staff about safeguarding people from abuse and they were very knowledgeable about this. They told us they attended training and they had learned about the different types of abuse and how to recognise and report it.

We looked at three recruitment files and found the provider had a safe and effective system in place for employing new staff.

We looked at systems in place to manage medicines and found that they were safe. Medicines were stored and administered safely.

Care plans we looked at identified any risks associated with people's care. For example, risk assessments were in place for falls, pressure area care and nutritional needs.

We spoke with staff who said they received appropriate training which gave them the skills and confidence to carry out their responsibilities. Training included moving and handling, first aid, health and safety, fire prevention, safeguarding, and food hygiene.

Through our observations and from talking with staff and the registered manager we found the service to be meeting the requirements of the DoLS. Staff confirmed they had received training in this subject.

People were offered a choice of food at each meal and drinks and snacks were provided throughout the day in line with their preferences and dietary requirements.

We looked at people's care plans and found that relevant healthcare professionals were involved in their care when required. For example, district nurse and speech and language therapist.

We observed staff supporting people and found they were respectful and caring in nature. Care plans we saw included information about people's likes and dislikes.

We looked at care records belonging to four people and found they were informative and reflected the care and support being given. However, a new process was being introduced and some information from previous documentation had not been carried over to the new document. This was being looked at by the manager.

The service employed an activity co-ordinator who was available 30 hours a week. People we spoke with were happy with the activities provided.

The provider had a complaints procedure and people felt able to raise concerns if they needed to. The manager kept a log of concerns received and addressed them effectively.

People told us the manager was supportive and there was a good leadership structure in place. People felt able to approach the manager and felt she listened to them and acted on what they told her.

We saw regular audits took place to check the quality of service provision. Action plans were devised to follow up any issues.

People were involved in the service and their views were sought. We saw evidence that people were involved in residents and relatives meetings and were able to comment about the service.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

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 was 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 24 January 2017 and was unannounced. The inspection was completed by an Adult Social Care inspector. At the time of our inspection there were 33 people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also looked at the information sent to us by the manager on the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service and, and spent time observing staff interacting with people.

We spoke with two workers, a senior care worker, activity co-ordinator, cook, manager and the nominated individual for the service. 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 saw 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.

Is the service safe?

Our findings

We spoke with people who used the service and found people felt safe living at the home and felt secure in their surroundings. One person said, "I feel very safe." Another person said, "The staff are very reliable and keep us very safe."

The provider had policies and procedures in place for safeguarding people from abuse. Staff we spoke with were knowledgeable about these procedures and told us they had received training in this area. One care worker said, "I would report any concerns to my manager without delay. It is our responsibility to protect people."

We spoke with the manager about safeguarding people and were shown a record which was used to log any safeguarding concerns, the outcome and any action taken.

We looked at care records belonging to four people and found that risks associated with their care had been identified. We saw people had risk assessments in place to highlight the hazard and any assistance required to minimise the risk. These included risks such as falls, malnutrition and moving and handling. For example, one risk assessment in place for moving and handling indicated that the person required the use of the hoist and gave details of the type hoist and size of sling required to keep the person safe.

During our inspection we spent time observing staff interacting with people who used the service. We found there were enough staff around to meet people's needs and people did not have to wait long for assistance. When people used the call bell system, staff responded in a timely manner. We looked at care records and found that they contained a dependency score to identify the dependency level for each person.

We looked at systems in place to manage medicines and found that they were managed in a safe way. Medicines were kept locked in a cabinet in a locked room. Any items requiring cool storage were kept in a fridge. We saw records which indicated the temperature was taken of the room and the fridge on a daily basis. The service had storage for controlled medicines, but we asked the provider to check with the pharmacy to see if this met the regulations for storing this type of medicine. The provider contacted us after the inspection to inform us that a new cabinet had been ordered. We checked the controlled medicines against the records and found them to be correct.

Care plans were in place to indicate the support people required to take their medicines as prescribed. However, we saw that some people, who required medicines on an 'as required' basis, did not always have a protocol in place to explain how and why the medicine should be taken. We spoke with the manager about this and work had already begun on addressing this issue.

We saw Medication Administration Records (MAR's) were in place to record when people had taken their medicines. We found they were appropriately completed and reflected what medicine the person had taken. We saw that competency checks had been carried out for staff who administered medication. This showed the provider had a system in place for checking the competency of staff to ensure people were safe.

We looked at three recruitment files and found the provider had a safe and effective system in place for employing new staff. The files we looked at contained pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing 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 people.

Is the service effective?

Our findings

We spoke with people who used the service and they told us they felt supported by the staff team and had confidence in their abilities. One person said, "The staff know exactly what they are doing and seem to be well trained."

We spoke with staff who said they received appropriate training which gave them the skills and confidence to carry out their responsibilities. One care worker said, "We always keep up to date with our training, they [the provider] are keen on that."

We looked at training records and could see that training had been completed in subjects such as fire safety, food hygiene, moving and handling, safeguarding, nutrition, infection control and medication.

People felt supported by the management team and told us they received supervision on a regular basis. Supervision sessions were one to one meetings with their line manager. We spoke with the new manager who said, "I had completed a series of group supervision sessions to assist them to get to know the staff. Next sessions will be individual supervisions sessions."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Through our observations and from talking with the manager we found the service to be meeting the requirements of the DoLS. Staff confirmed they had received training in this subject. The manager told us that appropriate applications were made to the supervisory body. We saw that the conditions of the DoLS were met although on occasions records lacked this information. The manager was in the process of introducing a new care planning system and this was an area that will be included in the new documentation.

People who used the service were complementary about the food they received and told us meal times were relaxed and enjoyable. People told us there was plenty of choice available. One person said, "The food is lovely. We have had salmon and asparagus and it was delicious." Another person said, "If we don't like what's on the menu there is always something else on offer. The catering staff are keen to please."

During our inspection we observed breakfast and lunch being served. The meals looked appetising and healthy. The mealtime experience was relaxed and pleasant and everyone we spoke with enjoyed this part of the day. However, we noticed that people who required a pureed diet was served this with all foods blended together. We spoke with the cook and were told this was because they had no moulds. We spoke

with the manager and discussed other options such as blending food items separately, so they looked more appetising. The manager agreed to resolve this issue.

We looked at people's care plans and found that relevant healthcare professionals were involved in their care when required. Other professionals such as speech and language therapist, district nurses, and doctors were involved as required. We spoke with people who used the service and they confirmed this support was available in a timely manner.

Is the service caring?

Our findings

We spoke with people who used the service and they told us that the staff were kind and very caring. One person said, "We have an established staff team who are compassionate and I find them very professional." Another person said, "The staff are very understanding and always ready to help."

We observed staff interacting with people and found they were respectful and caring in nature. Staff were knowledgeable about people's preferences and requirements and interactions were person centred.

We saw staff knew people well and were dedicated in providing a homely atmosphere. We saw staff respected people by knocking on doors prior to entering and checking out if everything was alright. The atmosphere in the home was very friendly and happy with people chatting and laughing together. It was evident that staff knew people well and maintained good relationships with people's families.

We spoke with staff about how they maintain people's privacy and dignity and they were able to share some examples. For instance, one care worker said, "It's important to help make the person feel comfortable and explain what you are doing." Another care worker said, "When I am assisting someone to dress or undress I try to keep them covered up as much as possible so their privacy is maintained."

Care plans we looked at included a social history of the person which included family members, schools they had attended, working life and hobbies and interests. This gave staff information from the persons past which could be used to understand the person's likes and dislikes. We spoke with the manager who informed us that the new care plan documentation would include a more detailed section about people's life histories and would be called, 'This is me.'

Is the service responsive?

Our findings

We spoke with people who used the service and they told us they felt involved in their care. They told us staff were understanding and knew how to meet their needs effectively. People felt they received personalised care.

We looked at care plans belonging to four people who used the service. We saw that a new process and paperwork was being introduced. This will make records more concise and manageable, but contain all the relevant information required to support people. We saw that an assessment of people's needs was carried out prior to them using the service. This was to determine if the home could support the person. Care plans gave the assessment detail, the outcome required and action required to meet targets. For example, one person's care plan stated that they required adequate daily intake of food as they would only eat certain foods. The person's intake was recorded and they were weighed on a regular basis to ensure their weight remained consistent.

However, we saw that where some care plans had been reviewed and information entered on to new documentation, some information was missing. This could be found in the person's previous plan but was not contained in the new one. We spoke with the manager about this and were told that this was because of the transition between the documentation and that this would be checked on completion of the new paperwork.

The service employed an activity co-ordinator who provided social stimulation 30 hours a week. On the day of the inspection we saw people enjoyed taking part in a quiz. We spoke with the activity co-ordinator and they explained the type of activities people living at the home enjoyed. These included quizzes, arts and crafts, entertainers coming in to the home and the mobile library visiting.

We spoke with people who used the service and they told us that they were kept occupied. One person said, "I enjoy the visits from the mobile library who provide talking newspapers and books. I also enjoy the garden which is lovely and very pretty all year round. We feed the birds as well." Another person said, "We had a barge trip in the summer and we really enjoyed that. You need good weather though." Another person said, "I like to watch the fish in the fish tank. The staff make sure it is well maintained."

The provider had a procedure in place for people to raise complaints if they needed to. The procedure was displayed in the entrance of the home. People we spoke with told us they could talk to staff if they had any concerns. They felt staff would listen and take their concern seriously and resolve it.

We spoke with the manager about how they monitored concerns. We were shown a record of concerns which was kept in a log. This was summarised every month. There were no concerns outstanding at the time of our inspection. We could see by previous concerns raised, that the provider had taken appropriate actions to resolve them.

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager in post. 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. However, a manager had been appointed to this post and was in the process of registering with the Care Quality Commission. This person had been in post two weeks and had already begun to implement new systems to assist staff.

We spoke with people who used the service and they knew the manager and found them approachable. One person said, "The manager is available and comes round to see us regularly. They are friendly and easy to talk to."

We spoke with staff who felt supported by the manager. One care worker said, "I like the new manager. The manager is open and honest with us." Another care worker said, "I feel that I could chat to the new manager about anything. Very supportive."

We saw that the provider carried out number of audits to ensure the quality of service was maintained. These included areas such as, pressure care, care planning, health and safety, medication, infection control, and catering and the dining experience. Each audit had an action plan to address any issues found which required follow up action to be taken. In addition to these audits, the provider carried out a visit. The aim was to complete four visits a year. The last provider visit took place in October 2016.

There was evidence to support that people who used the service had a voice in how the service was run. A service user questionnaire was completed in May 2016, and positive comments were noted. The results of the survey had been collated so people could see them and the manager could act on any areas identified for improvement.

We also saw a suggestion box in the entrance area of the home. Inviting people to raise ideas, suggestions or concerns. This was checked regularly by the manager. People who used the service and their relatives were also invited to attend meetings to discuss the service and to give people a forum to discuss ideas and suggestions.