

London and Manchester Healthcare (Whittle Hall)
Limited

Whittle Hall House Care Residence

Inspection report

Littledale Road
Great Sankey
Warrington
Cheshire
WA5 3DX

Date of inspection visit:
11 January 2021

Date of publication:
17 February 2021

Tel: 01612330155

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Whittle Hall is a 'care home'. Whittle Hall accommodates 74 people across four separate units, each of which had separate adapted facilities. One of the units specialises in providing care to people living with dementia. The other two units specialise in supporting people with nursing needs and dementia. At the time of our inspection there were 69 people living in the home.

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

People said there were enough staff available to help them when needed. Comments included, "The staff come quickly when I need them" and "Staff come quick, press my bell and they are there, always enough staff." Staff were available to promptly assist people throughout our inspection and staffing levels were regularly monitored, reviewed and amended when needed by the registered manager.

People told us the home was a safe place to live. One person commented, "I feel safe with the staff, I trust them. I know all the staff, it makes me feel safe." Staff had received safeguarding training and understood their role in recognising and reporting safeguarding concerns.

We observed a helpful, caring and attentive culture amongst staff at the home. Staff were familiar with the people they were supporting and had a good rapport with them.

Relatives said they had good communication with staff at the home and staff helped them to keep in touch with their loved ones whilst COVID-19 visiting restrictions have been in place. One relative commented, "We've developed a positive relationship with the staff. We have regular and honest communication with the staff and trust they'll contact us about [relative] if needed."

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.

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 good (published 27/06/2018).

This focused inspection included the key questions of safe and well-led and was prompted in part due to concerns received about staffing levels at the home and medication procedures. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of

harm from this concern. Please see the safe section of this full report.

We also 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 coronavirus and other infection outbreaks effectively.

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 well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Whittle Hall House Care Residence

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 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

This inspection was carried out by two inspectors, two medicines 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.

Whittle Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also gathered feedback about the service from the local authority and used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, staff rotas, accident and incident records and other monitoring records.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Relatives told us the home was a safe place to live. One person commented, "my relative is safe with the staff, I trust them. I know all the staff pretty much, it makes me happy knowing they are safe".

- Staff had received safeguarding training and understood their role in recognising and reporting safeguarding concerns.

- Information and guidance about how to raise safeguarding concerns was accessible throughout the home and the provider had appropriate systems in place to manage concerns of a safeguarding nature.

Staffing and recruitment

- There were enough staff available to meet people's needs. People said there were enough staff available to help them when needed. Comments included, "The staff come quickly when I need them at any time" and "Staff come quick, press my bell and they are there, always enough staff". A relative said "It is 100% safe there. The care is amazing".

- Call bells were answered promptly and people who were in communal areas were quickly assisted by staff when they needed help.

- Staff were visible around the home throughout our inspection and people who required one-to-one support from staff received this level of support.

- Staffing levels were regularly monitored, reviewed and amended when needed by the registered manager.

- Staff were safely recruited. Appropriate checks were carried out to ensure new staff were suitable to work with vulnerable adults.

Assessing risk, safety monitoring and management

- Risks to people, were assessed, monitored and managed. All nine relatives spoken with said the home made them aware of any accidents or incidents their relative had been involved in.

- The environment was well-maintained and regular safety checks were carried out on utilities and equipment.

- Fire safety was effectively managed.

- People had personalised risk assessments which were reviewed regularly and gave staff the information needed to managed the risks associated with people's care.

Using medicines safely

- Medicines were managed safely across the home. There were clear person-centred records and guides for staff to follow. There were no gaps in administration records which demonstrated people received their medicines as prescribed. Regular audits ensured that any issues were addressed.

- There were sufficient numbers of competent staff to administer medicines and staff knew the people they were caring for well.

- We found some issues with the management and recording of thickener powder for people with swallowing difficulties, however the managers and staff acted during the inspection to ensure any risks were mitigated.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.

- 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.

Learning lessons when things go wrong

- Accidents and incidents were effectively monitored and managed by staff.

- The provider had robust systems in place to ensure appropriate action was taken in response to any accidents and incidents. The registered manager regularly reviewed this information to ensure lessons were learned and steps taken to prevent recurrence, when necessary.

- Relevant policies and procedures were in place to help guide staff.

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 as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 their duty of candour responsibility

- We observed a helpful, caring and attentive culture amongst staff at the home.

Staff were familiar with the people they were supporting and had a good rapport with them.

- The registered manager was knowledgeable, maintained good oversight of the quality and safety of people's care and positively engaged with us during the inspection.

- The registered manager understood their responsibilities regarding the duty of candour and promoted openness and transparency within the service. Relatives comments included, "The manager is the most caring and amazing person". and "A really compassionate and wonderful lady. Sorts out everything for us. Nothing is too much trouble. She understands. They (staff) inspire".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Ratings from the last CQC inspection were clearly displayed within the home and on the provider's website, as required.

- CQC had been notified of all significant events which had occurred, in line with the registered provider's legal obligations.

- There was a range of regularly reviewed policies and procedures in place to help guide staff.

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

- People and their relatives were able to give their feedback about the care at the home in a variety of ways, such as during care plan reviews and an annual survey.

- Relatives told us the registered manager was approachable and they had been able to speak with them when needed, either in person prior to COVID-19 visiting restrictions or via telephone or video call since

these restrictions were implemented. One relative said, "There is Facetime and WhatsApp. Sometimes it is easier just to use the phone. We can ring daily if we want to. All very accommodating". Another relative said, "It is an amazing home. The management team is fantastic. Family is on first name terms with staff. The care has been amazing. A fantastic home. Staff are lovely. I have no worries and the home email photos to us from time to time".

- Relatives told us they had good communication with staff about their loved ones whilst COVID-19 visiting restrictions had been in place. One relative commented, "For my (Relative's) 90th birthday the home facilitated a visit to the marquee with two activity co-ordinators. We had so much time with (Relative). It was very important to the family, I took in photos and asked staff to sit with her after the visit and go through them with her, which they did".

Continuous learning and improving care

- The provider had robust systems in place to monitor, assess and improve the quality and safety of service being provided.

- Records were clear, well-organised and closely monitored by the registered manager.

Working in partnership with others

- Staff at the home engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained.

- Staff at the home positively engaged with organisations and professionals who could provide them with additional support and guidance. For example, the home was taking part in a scheme with the local infection prevention and control team and other local providers to monitor and share best practice in managing COVID-19.