

Mr & Mrs P Gunputh

Whitehall Lodge Care Home

Inspection report

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West Bromwich
West Midlands
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Date of inspection visit:
22 December 2015

Date of publication:
25 January 2016

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

Our inspection was unannounced and took place on 22 December 2015. The inspection was carried out by one inspector.

The provider is registered to accommodate and deliver personal care to a maximum of three adults who lived with a mental health condition and/or an associated need. At the time of our inspection three people lived at the home.

At our last inspection of April 2014 the provider was meeting all of the regulations that we assessed.

The manager was registered with us as is required by law. 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 manager was also a joint provider for the home.

People felt safe. Risks to people had been assessed appropriately and were monitored. Systems were in place to protect people from the risk of abuse.

There was sufficient staff on duty to meet the care and support needs of people. The provider ensured that staff were recruited safely.

Staff felt that they had received adequate training. They felt that they were equipped with the skills and knowledge they needed to provide safe and appropriate support to people.

Although people received their medicines as they had been prescribed there had been one isolated incident where medicine records had not been maintained adequately.

Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) were to be followed to prevent any unlawful restrictions.

People felt it was a good place and they were happy there. People were encouraged and supported to be as independent as possible.

People felt that the staff were kind, helpful, respectful and polite.

Complaints systems were available so that people could state their concerns or dissatisfaction if there were any.

The management of the home was stable. Both providers [one of whom was also the registered manager]

were involved in the running of the home on a daily basis. People felt that the quality of service was good. Systems were in place to monitor the service to ensure it met the needs of the people who lived ther

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.

People felt that there were enough staff to meet their needs.

Medicine systems were managed to a safe standard.

Systems were in place to protect people and minimise the risk of them being abused.

Is the service effective?

Good ●

The service was effective.

People and staff felt that the service provided was good.

Staff felt appropriately trained and supported to enable them to carry out their job roles.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

Referrals were made to appropriate health and social care professionals in response to concerns and changing needs.

Is the service caring?

Good ●

The service was caring.

People felt that the staff were helpful, kind, polite and that they were shown respect.

People felt that their dignity and privacy were maintained.

People's independence regarding their daily living activities was promoted.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed regularly and care plans were updated where there was a change to their needs, wishes and preferences.

People were encouraged to engage in or participate in activities that promoted their independence and met their needs.

Complaints procedures were in place for people and relatives to voice their
Concerns if they felt that had a need to.

Is the service well-led?

Good ●

The service was well-led.

The management of the home was consistent and stable. One provider was also the registered manager and was involved in the running of the home on a daily basis.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

Processes were in place for staff to report any concerns regarding bad practice which staff were aware of and told us that they would not hesitate to use.

Whitehall Lodge Care Home

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 was planned to check 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.

Our inspection was unannounced and took place on 22 December 2015. The inspection was carried out by one inspector. We started our inspection early so that we had the opportunity to meet and speak with the people who lived there in case they went out into the community later.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. We spoke with the local authority to get their view on the home. We used the information we had gathered to plan what areas we were going to focus on during our inspection and corroborate our inspection findings.

We spoke with all three people who lived at the home and both of the joint provider's one of whom was also the registered manager. As the joint providers were covering the shift during our inspection we did not meet any staff. The day following our inspection we spoke with two staff by telephone. We looked at the care files and medicine records for two people and staff training and recruitment records. We also looked at complaints systems and the audit processes the provider had in place to monitor the service.

Is the service safe?

Our findings

A person said, "I have nothing to worry about" [regarding abuse]. Staff we spoke with told us that there were no issues concerning abuse. Staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. Staff told us that they felt confident that they could raise concerns with the provider/registered manager and that they would be acted upon. A staff member said, "If I did not feel concerns were dealt with I would go to you, the Care Quality Commission, or social services". We saw that the people who lived at the home were at ease in the presence of both provider's. We observed that they were calm and relaxed when they approached them and spoke with them.

A person said, "I feel safe". Another person said, "I am safe here". Staff we spoke with told us that they felt that people who lived at the home were safe. A staff member said, "I think that the people who live at the home are safe". People did not need any equipment to help them move or mobilise people were all able to walk independently. Staff told us about actions that were taken to keep people safe which included locking away cleaning products that could be harmful to health. We randomly looked at a number of service certificates and documents. Service certificates were available to confirm that gas equipment and the electrical wiring were safe. This showed that the provider ensured that equipment was safe.

People we spoke with felt that there were enough staff to meet their needs. A person told us, "There are enough staff". Another person said, "There are always staff around to help us if we need them". Staff told us that generally there were sufficient staff numbers to meet people's needs. We saw that staff were available to support people throughout our inspection.

Two people we asked told us that they had given consent for staff to hold and manage their medicines. A person said, "I do not want to look after my tablets". Another person told us, "I would not do my tablets right". People told us that staff gave them their medicine correctly. A person said, "The staff give me my medicine correctly and at the proper time".

The provider/registered manager and all staff we spoke with told us that only staff who had been trained and deemed as competent to do so, were allowed to manage and administer medicine. This was confirmed by records we looked at.

One tablet, on one Medicine Administration Record (MAR), two days before our inspection had not been signed by the staff who gave it. We found that there was a discrepancy with the total tablets for one person as they were short of one tablet. We could not determine if this was a pharmacy error as a record of the number of tablets had not been recorded when they had been received into the home. We saw that the number all other medicines received into the home had been recorded. The provider/registered manager told us that they did not know why these errors had occurred. They told us that they would look into the issues and address them. We looked at other MAR from the present and the previous month and found that they were maintained well. We found for one person that it was not possible to determine the precise amount of one of their tablets that should have been available. This was because tablets remaining from

previous cycles had not been carried over onto the MAR. The provider/registered manager agreed that the tablets should be carried over and would take action to address this.

Some people's MAR lighted that they had been prescribed medicine on an 'as required' basis. We saw that there were plans in place to instruct the staff when the medicine should be given. This assured people that their medicine would be given when it was needed and would not be given when it was not needed.

No new staff had been employed at the home for a number of years. However, we saw that a recruitment process was in place. The provider/registered manager told us of the processes they would follow to ensure that only suitable staff would be employed if they needed to recruit in the future. Records that we looked at confirmed that before the existing staff started to work references were obtained and checks had been carried out with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. The processes in place would prevent unsuitable staff being employed and minimise any risk of harm to the people who lived there.

Is the service effective?

Our findings

All people we spoke with told us that they felt that the service provided was effective. One person said, "There is nothing that I feel you need to know other than it is good here". Another person said, "I have lived here for a long time it is a good place". All staff we spoke with told us in their view they provided a good service to people. One staff member said, "I think we provide a good service".

Staff told us and records that we looked, confirmed that induction processes were in place. These processes would introduce any new staff to the home, the people who lived there, emergency procedures and policies that they needed to be aware of and work to. The provider/registered manager told us that they had not employed any new staff for a number of years but if they did they would introduce the new nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

People felt that staff were adequately trained and supported to care and support them to a good standard. A person said, "The staff seem to know what they need to do". Staff we spoke with confirmed that they had received a variety of training and that they felt competent to carry out their role. Staff we spoke with told us that they received both formal and informal day to day supervision support and guidance. We saw from records that staff group supervisions took place that gave staff the opportunity to discuss their development and training needs.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider/ registered manager told us that they had had applied to the local authority who had approved a DoLS for one person. We found by speaking with staff that they had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). DoLS are part of the MCA they aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We saw that mental capacity assessments had been carried out so that staff knew people's individual decision making strengths. All staff we spoke with knew that they should not unlawfully restrict people's freedom of movement in any way and that it was important for them to offer people everyday choices.

A person told us, "We have a menu planning discussion once a week. We decide what we want to eat". Another person said, "If we want something different in the week to what we have chosen that is alright". Records we saw highlighted people's food and drink likes and dislikes. We observed that the breakfast time

was flexible that met people's rising times. This highlighted that the provider ensured people were offered the food and drink that they preferred and at a time that suited them.

A person said, "The food is nice". Another person told us, "The food is good". We saw the midday meal. It was freshly prepared and was attractively served. Following the meal people told us that they had enjoyed their meal.

We found that where needed people had been referred to the dietician and Speech And Language Therapist (SALT) for advice. People's care plans highlighted any risks concerning eating and drinking. There were instructions for staff to follow in the care plans to ensure that people were supported effectively and safely. One person's care plan highlighted that they needed to sit up straight when eating and we observed that they did. These actions promoted people's good health and reduced any risk of choking.

A person said, "I see the doctor if I am not well". Other people also told us that the staff arranged for them to see a doctor or accessed other health care services when needed. We found that people attended appointments to promote their mental health and were also monitored by the local Community Psychiatric Nurse (CPN) team. One person was due to have an operation early in 2016. We saw that planning had been put into place for this to help make sure everything went smoothly and support was available for the person. Records that we looked at and staff we spoke with confirmed that people regularly went to the dentist and optician. We found that action had been taken to reduce health risks and promote people's good health. Staff told us and records that we looked at highlighted that one person, with staff support, had stopped smoking. This had a positive effect on their health. Records that we looked at confirmed that a person had been given the influenza vaccine to prevent them from contracting influenza and experiencing ill health.

Is the service caring?

Our findings

All of the people we spoke with told us that the staff were kind and helpful. A person said, "The staff are all really nice". Another person told us that they felt that the staff were considerate. People we spoke with were also complimentary about the provider's. They told us that they were kind people. We observed both provider's interactions with the people who lived at the home and saw that they were good. We saw that both provider's were polite and respectful to people in the way they spoke and engaged with them. We also saw that both provider's listened to people, gave them time, and showed an interest in their individual circumstances.

People we spoke with confirmed that staff promoted their dignity and privacy. A person said, "I like to spend some time in my bedroom alone and I do". Another person told us, "I shower and bathe on my own. That is how it should be it is private". Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space, making sure that toilet and bathroom doors were closed when in use and not going into people's rooms unless they had permission.

Records that we looked at confirmed that people had been asked how they wished to be addressed and this had been recorded on their care files. We heard staff addressing people by their preferred name.

People told us that their independence was promoted. The aim of the service provided was to improve or stabilise people's mental and/or physical health conditions and to give them the support they required to achieve this. People told us that they cleaned their bedrooms and attended to other personal tasks. Staff supported people to enhance their daily living skills regarding cooking, cleaning, doing their laundry, finance management, and making and attending health appointments. During our inspection a person went to out into the community to attend to personal tasks independently.

All people were able to select what they wanted to wear each day and go to the shops to purchase new clothes when they needed some. A person said, "We all sort ourselves what we want to wear". Staff we spoke with confirmed that all people were independent regarding their appearance needs but knew of people's individual wishes and preferences.

A staff member told us, "We do not talk about anyone's personal circumstances to others unless there is a need to protect them and we keep confidential records locked in cupboards. We saw that the provider had a confidentiality policy and that staff had signed to say that they had read and understood it.

All people we spoke with told us that contact with their family was important to them. A person said, "I see my family. I go and see them and they can come here anytime". The provider told us that they supported people to have regular contact with their family.

People who lived at the home had a variety of needs which may require a range of support mechanisms. We saw that information was available to inform people how they could access an advocate to provide independent advice or support if they wanted this.

Is the service responsive?

Our findings

A person told us, "I came and looked around the home, met the staff and other people and spent time here before I moved in". This process had given the provider and the person the opportunity to determine that the person's needs could be met in the way that they wanted them to be.

A person told us, "I have lived here for a long time. The staff know me and look after me well". People told us that staff knew them and their needs well. Records that we looked at had information about people's lives, family, likes and dislikes. This provided staff with the information they needed about people's preferences and histories to give them some understanding of their needs. Staff we spoke with had a good knowledge of people's preferences and wishes.

All people we spoke with told us that staff asked them how they preferred to be cared for and supported. A person said, "The staff ask me what I want, I tell them and I do things for myself or the staff help me". Another person said, "The staff involve me in making choices". We found that people's needs and their care plans were reviewed regularly especially when there were changes in their circumstances or condition. A person said, "The staff talk to me then do my plans. I read my care plans and have signed them as I am happy what they say". We saw that where possible people had signed their care plans. This showed that staff knew the importance of providing personalised care to ensure that people were supported appropriately, in a way that they wanted to be.

We found that the provider/registered manager had made changes and improvements to benefit the people who lived at the home. One person needed some support to know what the day, date and time were. We saw that the provider had purchased an electric clock that was hung on the living room wall. This displayed the day, date and time to orientate the person. Some people's bedrooms had been redecorated and a new television had been purchased.

In-house activities were aimed to promote independence and life skills. People told us that during the day they went to appointments, went shopping, or did other chosen activities and that staff supported them where there was a need. We observed a person go out of the home and return later in the day. We were also told that if people wanted to pursue a college course or apply for work staff would provide support. A person told us that they were looking at possible college courses to start in 2016. Staff told us and people confirmed that if people wanted to go on holiday the support would be offered. Staff told us that the provider often took people out for meals and they enjoyed this. We heard a conversation between a person and the provider. The provider asked the person if they wanted to go to the cinema within the next week. The person looked happy and told the provider that they would like that.

Staff knew it was important to people that they were supported to continue their preferred religious observance if they wanted to. However, people told us that they did not want to practice or follow any religious ceremonies and this was honoured by the staff.

We saw that a complaints process was available and displayed in the front entrance of the home. People

told us that they were aware of the complaints process. A person said, "I would speak to the staff or owner if I was not happy". The provider told us that no complaints had been received and records that we looked at confirmed this

Records we looked at and people and staff we spoke with all confirmed that the provider used a range of methods to involve people in the running of the service and for them to voice their views if they wanted to. People confirmed that they were able to attend meetings on a regular basis and records that we looked at confirmed this.

Is the service well-led?

Our findings

People we spoke with felt that the service provided was good and indicated that it was well-led. A person said, "I think it is good here. We get what we need". Another person said, "It is a good place". Staff we spoke with told us that in their view the service provided was good.

All people we spoke with knew who the provider/registered manager was. We found that both provider's had a very good knowledge about the people who lived at the home. We saw that they were visible within the home, and were involved every day in the running of the home. During our inspection we saw the provider/registered manager engage with the people who lived there. We saw that there was a positive relationship between them. The provider/registered manager and people had conversations and we saw that people looked happy.

Providers are required by law to notify us about events and incidents that occur these are called notifications. The provider had sent us notifications when incidents occurred to meet this requirement. Incidents and accidents that took place within the home were recorded appropriately following the provider's procedures. The staff monitored these for trends so appropriate action could be taken to reduce any risks to people.

The provider/registered manager told us and records confirmed that audits were carried out regularly these included audits of people's money and medicine systems. This showed that the provider had systems in place to ensure that the service was being operated as it should be to benefit the people who lived there.

We found that support systems were in place for staff. A staff member said, "There is always someone we can go to if we need advice". The staff we spoke with confirmed that if they needed support outside of business hours the provider was always available by telephone. The provider/registered manager lived close to the home so could get there quickly if there was a need.

Both staff we spoke with told us that they felt adequately supported by the provider/registered manager. Staff told us and records confirmed that regular meetings were held. Meeting minutes we saw confirmed that the meetings gave staff information and guidance.

All staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. A staff member said, "We have policies and procedures regarding whistle blowing. We would follow these if we had any concerns. This showed that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.