

Mr & Mrs V Caulton

Whitestone Lodge

Inspection report

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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

Whitestone Lodge is a residential care home situated in the area of Roby, Liverpool. The service provides residential care for up to 20 people including people who are living with dementia. There are two floors accessed via stairways and passenger lift. At the time of our visit there were 18 people living at the service.

At the last inspection in November 2014, the service was given a rating of "Good" with one area highlighted for improvement which related to consent to care and treatment. At this inspection we found the area for improvement had been met.

People told us they felt safe living at Whitestone Lodge and were supported by staff that knew them well. One visiting relative told us "I have total peace of mind".

The registered provider had appropriate policies and procedures in place for the management of safeguarding concerns. Staff had received training and demonstrated their understanding of abuse and actions they would take if they were concerned.

Staff recruitment procedures were safe and robust. Staff had received appropriate training and told us they were well supported. Staff demonstrated a good knowledge and understanding of the people they supported.

People told us sufficient staff were on duty at all times to meet their needs. Discussions with staff, relatives and our observations confirmed this.

Medicines were appropriately ordered, stored and administered by trained and competent staff. Medication administration records (MARs) were fully completed and signed. The registered provider regularly audited the medicines and completed actions as required.

Care plans and risk assessments were person centred and demonstrated the involvement of people and their relatives, where appropriate. These documents were reviewed and updated regularly.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People told us they were always offered a variety and choice of meals. Individual dietary requirements were met in accordance with people's care plans. We saw people had access to regular snacks and drinks throughout the day.

The building was well maintained, clean and free from unpleasant odours. All equipment was well maintained and regularly serviced.

People living at the home and their relatives knew how to raise a concern or complaint.

The registered provider undertook regular audits to monitor the quality of the service. The registered provider regularly sought people's views to continually improve and develop the home.

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 and their relatives told us there were enough staff available to meet the needs of the people living at the service.

There were appropriate arrangements in place for the safe management of people's medicines.

Staff demonstrated a good understanding of safeguarding procedures and explained clearly the indicators of abuse.

Is the service effective?

Good ●

The service was effective.

People were supported to make choices in relation to their food and drinks.

The registered provider had systems in place to assess people's ability to make their own decisions under the Mental Capacity Act 2005 (MCA).

People had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People told us they were supported by caring staff that respected their privacy and dignity.

People appeared comfortable and had developed positive relationships with staff.

Staff supported people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care plans focused on their whole life and staff

demonstrated a good understanding of the people they supported.

People were supported to participate in activities of their choice.

People and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The registered provider had audit systems in place that identified areas for development.

The management team were approachable and understood the responsibilities of their roles.

The registered provider sought feedback from people living at the home and their relatives.

Whitestone Lodge

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.

This inspection took place on 24 August 2017 and 25 August 2017. The first day was unannounced and the second day was announced.

The inspection was undertaken by one adult social care inspector.

Before the inspection visit we reviewed the information we held about Whitestone Lodge. This included data about complaints, safeguarding concerns and statutory notifications. Statutory notifications are documents about important events that are sent to the Care Quality Commission (CQC) by the registered provider and are required by law.

We spoke with four people living at the service and two relatives. We also spoke with the registered provider, registered manager, deputy manager and four members of staff. We spoke with one visiting health and social care professional.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We reviewed three people's care records including care plans and risk assessments. We looked at the training and recruitment records for four members of staff and records relating to the management of the service. We checked the building to ensure it was clean, hygienic and a safe place for people to live. We contacted the local authority safeguarding and quality monitoring department who did not raise any concerns.

Is the service safe?

Our findings

All the people we spoke to confirmed they felt safe living at Whitestone Lodge. One person commented "I feel safe and secure here". Relative's comments included "I have total peace of mind" and "The environment is safe and they regularly check to ensure [Name] is safe and well".

The staff demonstrated a good understanding in the areas of safeguarding and whistleblowing. They described the different types of abuse and what would constitute poor practice. They were able to identify signs to look out for and the process for reporting any matters of concern. The registered manager understood the local authority safeguarding procedures and records showed these procedures had been followed appropriately.

Appropriate systems were in place for the management of medicines. Medicine administration records (MARs) for three people were reviewed and these were found to be fully completed. Records showed that all medicines were ordered, stored, administered and disposed of safely. We checked records medicines against the stocks held and found these balanced. People were prescribed PRN 'as required' medicines and records showed appropriate guidance had been written for these medicines. Senior carers completed daily checks of medicines. The registered manager undertook regular monthly audits of medicines management and records confirmed this.

Risk assessments were in place where an area at risk had been identified that included skin integrity, nutrition, falls and moving and handling. Where a potential risk had been identified, clear action plans and guidance were in place for staff to follow to minimise the risk. For example, one person was assessed as a high risk of falls. Following the completion of the falls risk assessment it was highlighted that the person would benefit from a pressure matt being in place next to their bed to alert staff should they get up during the night. This reduced the risk of the person having a fall and ensured staff were able to respond promptly should the person require assistance. All risk assessments and action plans were regularly reviewed and updated as required.

Accidents and incidents were clearly recorded by staff at the time. These were reviewed regularly by the registered manager to identify any patterns or emerging trends to reduce the likelihood of re-occurrence. Following a fall, a falls action plan was completed. This considered triggers for the fall, actions taken, actions to do and things to consider, for example, staff training to be updated and competence assessment to be completed. There was evidence of review and actions completed. Records showed action had been taken to refer people to occupational therapy and the falls service.

Records reviewed demonstrated that safe staff recruitment had been undertaken. Recruitment files included completed application forms, interview records and two references including the staff member's most up to date employer as well as a Disclosure and Barring Service check (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with vulnerable adults.

People told us that staff attended to their needs promptly. We looked at the arrangements in place to ensure that staffing levels remained safe and sufficient. A senior carer and two carers were on shift throughout the day and night. A housekeeper and cook were also on roster each day. A maintenance person was available to undertake repairs and improvements. We reviewed the rosters and deemed the staffing levels to be appropriate.

Staff had access to personal protective equipment that included disposable gloves and aprons. This was used during all personal care activities to prevent cross infection.

Records showed appropriate checks had been regularly undertaken on the management of health and safety at the service. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, hoists, fire extinguishers, electrical and gas safety.

Personal emergency evacuation plans (PEEPs) were in place for each person living at the service. PEEPs provide staff with information about how to ensure the safe evacuation of each person from the premises in the event of an emergency. Records showed these were regularly reviewed and updated.

Is the service effective?

Our findings

We spoke with people living at the home and they told us that staff offered a good level of care. Their comments included "Staff are very good and attentive" and "Staff are excellent and attend to my every need". A relative we spoke to said "From day one my [relative] has been well looked after". A visiting healthcare professional commented "The staff are very attentive".

All staff had completed an induction when they commenced employment at the service and records confirmed this. Staff training was not clearly and consistently evidenced throughout the files we reviewed. The registered manager explained they had experienced significant delays in the receipt of certificates from their training provider. Following our inspection the registered manager forwarded an up to date training matrix that identified that most staff were up to date with training required for their roles. All staff spoken with confirmed they had attended regular training and this was always within a classroom setting.

Staff told us the registered manager was always available for support and guidance. Records showed staff supervision and appraisals took place and staff confirmed this. The registered manager shared their supervision improvement plan that demonstrated a more structured approach to supervision and appraisal.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During our last inspection we highlighted that improvements were needed in the area of consent and the recording of this.

We found the required improvements had been made. Staff were able to describe how they gave people choice and control regarding decisions and how they supported them in the least restrictive way possible. Records confirmed that a person's mental capacity to make decisions or take risks was considered. There was an MCA assessment in place when it was thought that a person may lack in mental capacity and decisions were made in their best interests.

People's comments included "The food and choice of food is good", "The mince with gravy is lovely" and "Food is really excellent". A relative told us "The meals are good and dad enjoys them". We observed lunch being served in the dining room. The tables were nicely presented with tablecloth, placemats, cutlery, serviettes and attractive table arrangements. Condiments were offered to people as their meals were served.

People could choose where they wished to sit and were offered assistance when required throughout the mealtime experience. People were offered a choice of three different cold drinks with their meal with unlimited refills. There was a choice of two main meals and two desserts on the menu. A person told us that if they did not like what was on the menu they could always request and had received a meal of their choice. Staff were observed to be attentive throughout mealtimes asking if people required assistance to cut up their food, asked if they required any additional food or drink and also if they had enjoyed their meal. We

saw snacks and drinks being offered to people throughout the day. Special dietary requirements were met and these included people who had diabetes controlled through their diet and soft diets for people who experienced swallowing difficulties. Care plans reviewed clearly reflected people's dietary needs and preferences. This meant people's individual needs and preferences were being met.

Care plan records included details of when people were visited by their GP along with other healthcare professionals. The records included the reason for the visit as well as follow-up actions required. We saw one person had experienced deterioration in their ability to swallow as well as their mobility. Records clearly evidenced a referral to the speech and language team as well as to occupational therapy for the person to be assessed for the use of a hoist. The person's care plans and risk assessments had been updated to reflect the recent changes.

We saw that people who lived at the home had access to an enclosed and well-maintained garden to the rear of the property with seating areas. The layout of the building was appropriate for the care and support provided. People told us they could choose where to spend their time including in their bedroom. Relatives told us that people were encouraged to bring in personal items from home for example, photographs, and small pieces of furniture, ornaments or other items of choice. This meant people had familiar items around them that supported the transition to a new home.

We saw a person living with dementia being supported and prompted to find the room with the red door when they needed to access the toilet. Staff explained that by all the toilets having red doors people living at the home were able to remain independent longer. People had a photograph, name plaque or picture of their choice on their bedroom door which enabled them to recognise their own room.

Is the service caring?

Our findings

People spoke positively about the staff, registered manager and registered provider. Their comments included "Staff are kind and caring", "I cannot fault any of them" and "Staff are excellent and nothing is too much trouble". Relative's comments included "All the staff, every one of them are caring", "Staff are all lovely, really nice" and "The attention [Name] is getting, is as good as we could wish for".

During the inspection we observed staff to be kind and caring. Staff used people's name of choice and appeared familiar and comfortable in their interactions.

People's privacy and dignity was maintained throughout our visit. For example, we saw during staff interactions with people they always spoke in a respectful way and gave sufficient time for someone to answer any questions asked. We observed staff knocking on people's bedroom doors and always waiting for an answer before they entered. People told us that staff preserved their dignity by covering them up whenever possible during personal care tasks.

The home's objectives were available to all people living at the home and included for example, a place where companionship and activity flourish, a place where dignity, peace and comfort take priority and a home where independence and choices promoted. We saw people make choices regarding what time they got up, where they had their breakfast and what they would like to eat. People told us they had developed friendships with people living at the home and people spoke positively about this.

Information about advocacy had not been required by anyone living at the service. The registered manager explained that they would seek the support of a local advocate relevant to the person's individual needs. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services as well as defending people's rights and responsibilities.

People's end-of-life wishes were recorded within their individual care plans. We saw that people had been supported to remain living at the home where possible and had received end-of-life care. This ensured people were able to remain comfortable in their familiar surroundings supported by staff they knew. The registered manager explained that relatives were free to visit at any time throughout the day and night.

Is the service responsive?

Our findings

People who lived at the home told us that staff were responsive to their individual needs. Their comments included "The staff promptly get the GP if I am unwell", "There is always a listening ear when I need one" and "Nothing is too much trouble". Relatives told us "I have never had cause to complain or raise any issues" and "I have no cause for concern but feel confident any concerns would be addressed promptly". A visiting healthcare professional told us "The staff and management are responsive to requests".

We looked at care records for three people living at the home. We found their needs had been assessed prior to admission, comprehensive care plans had been prepared and there was evidence of regular review. People and their relatives, where appropriate, had been involved in the preparation of their care plans. People's preferred routines and daily living choices were clearly documented. For example, one person liked to retire to their room between 8 and 9 PM to watch television ahead of retiring to bed. They liked to have the night light on while they were sleeping. This meant each person's individual preferences were followed.

Each person had 'The journey of my life' document within their care plan file. This included information about family history, hobbies, interests, favourite foods, holidays, working life and other specific information relevant to the individual person. For example one person enjoyed playing cards, watching Westerns on television and supported Liverpool football club. Staff were able to describe people's likes, dislikes, interests and histories. All staff demonstrated a good understanding of the people they were supporting.

There were a range of risk assessments evidenced that considered the level of support a person required in particular areas of their life. These included detailed information relating to people's communication, mobility, memory and understanding, nutrition and weight, continence and hygiene. We found that all the care records were personalised to each person who lived at Whitestone Lodge. There was evidence that all care records were reviewed each month and updated as required. Each file held a monthly evaluation sheet that included information following professionals visits, any changes in a person's needs, as well as an overview regarding the persons medicines, falls, diet, skin integrity, memory, and any other changes that occurred throughout that month.

We spoke to people who lived at the home and their relatives who told us they knew how to raise a concern or complaint if they were unhappy. They told us they could speak to any member of staff, registered manager all registered provider and felt confident their concerns would be listened to and acted upon. One person who lived at the home told us "I would speak to the registered manager Ashleigh as she is very approachable". The registered provider had a policy and procedure in place for the recording and investigation of complaints. The procedure clearly explained how a complaint should be made and reassured people that all complaints would be responded to appropriately

People and their relatives spoke positively about the activities undertaken within the home. They described the recent introduction of an activities co-ordinator who had introduced new activities. They described the activities co-ordinator also spending time individually with everyone living at the home to fully understand activities they may enjoy. A visiting relative described the activities coordinator engaging their

relative in the activity of knitting. They reflected that this had been a very positive experience for their relative. People living at the home described enjoying games of Scrabble, old-fashioned sing-along as well as individual and group activities. People were supported to participate in religious services within the home if they were no longer able to access their local church.

Is the service well-led?

Our findings

People who lived at the home and relatives spoke highly of the registered provider and registered managers. One person said "Registered manager Ashleigh is excellent, good with all the residents and staff". A relative told us "The registered managers are very approachable. The owner (registered provider) is very responsive to people's needs and always asks what will make things better".

There were two registered managers at the service who were registered with the Care Quality Commission in 2015. 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 provider visited the home on a regular basis. It was clear through our observations they were familiar and knowledgeable about all people at the service.

Staff told us they felt supported by the registered provider and management team. Staff described the management team as approachable. The management team demonstrated a good understanding of the people they supported and that between them they had the skills and knowledge to support the running of the service.

Staff meetings took place regularly and minutes of these were reviewed. Meetings were held at two different times on the same day to ensure all staff were able to attend. Minutes of meetings reviewed described discussions relating to changes in people's needs to ensure all staff remained up to date with people's needs.

The registered provider and registered managers undertook regular audits within the service. These included infection control, accidents and incidents, environment, care plans and medication. We saw the actions had been identified and completed in a timely manner.

People living at the service and visiting relatives spoken with all told us that they were regularly asked if they were happy with the home, the meals provided, activities undertaken, as well as the environment.

The registered provider had policies and procedures in place that were in the process of being reviewed and updated.

The registered provider had a business continuity plan in place to manage any emergencies that happened at the service. The plan considered the failure of utilities and held up-to-date emergency contact numbers for contractors that staff may need to contact. This meant staff could respond in a timely manner and ensure the safety of the people living at the service.

The previous CQC rating was displayed within the service and on the registered provider's website in line

with CQC requirements.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the CQC of certain incidents and events that happen within the service.