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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We visited the service on 28 November 2014. This visit was unannounced.

Whitestone Lodge is registered to provide care for up to 20 people. The accommodation is provided on two floors with access to the first floor from stairs and a passenger lift. The home is situated in the Roby area of Huyton, Liverpool, close to Huyton village. There is a large enclosed garden to the rear of the home with a ramp and rails. Car parking is located at the front of the building.

At the time of our visit three of the home deputy managers were in the process of registering as the registered managers of the home in a job sharing capacity, with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, the 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

During our previous inspection of the home in December 2013 we found the service was meeting the regulations we assessed.

Summary of findings

People told us that they felt safe and well cared for at the home. Staff demonstrated a good awareness of safeguarding procedures and how to keep people safe.

The Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act (MCA) 2008 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place in relation to the MCA. Records in place did not contain all of the information required in order for decisions made in people's best interests as required under the Mental Capacity Act (MCA) 2005.

Care planning documents and records were in place that detailed people's needs in relation to their care and support. Staff demonstrated a good awareness of the needs and wishes of the people they supported. We saw staff supported people in a manner that respected their privacy and maintained their dignity.

Staff told us that they felt supported in their role and were confident in what they did. We saw that staff had the opportunity to attend training and received supervision for their role.

The deputy managers carried out monthly checks to help ensure that people received the care and support they required. In addition, regular checks on people's medicines and care plans took place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People's medicines were managed appropriately.

People told us that they felt safe and well cared for at the home.

Safeguarding procedures were in place and staff showed a good awareness of these procedures.

Good

Is the service effective?
The service was not always effective.

Improvements were needed in how people's consent to care was recorded on their care planning documents.

Systems were in place to ensure that appropriate applications were made for a deprivation of liberty safeguard when a person was assessed as lacking capacity to consent to their care and treatment.

Requires Improvement

Is the service caring?
The service was caring.

Staff were kind and patient when supporting people with their needs.

People who used the service and their visitors told us that staff were caring.

Good

Is the service responsive?
The service was responsive.

Staff planned people's care and support to meet their needs.

People told that they had a choice of what they wanted to do with their time and what time they got up in morning and went to bed.

A complaints procedure was available around the service for people to access.

Good

Is the service well-led?
The service was well-led.

Staff felt supported in their role and were confident in what they did.

Systems were in place to deal with any emergencies that may arise.

Clear plans were in place to further develop the service over the next 12 months to improve the service that people received.

Good

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 the 28 November 2014 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. The expert by experience had personal and professional experience of using this type of service.

We spent time observing the support and interactions people received in communal areas of the home. We used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care people received to help us understand the experiences of people who could not talk with us.

We spoke and spent time with 12 people who used the service, five staff members, the registered provider and three visitors.

We carried out a tour of the premises and the immediate outside grounds. We spent time looking at records relating to people's care needs and records of three people in detail. We also looked at records relating to the management of the home which included duty rotas; policies and procedures in place and the recruitment files of the two most recently recruited staff.

We asked the provider to complete a 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.

Before our inspection we reviewed all the information we held about the service. This included any notifications received from the registered manager, safeguarding referrals, complaints about the service and any other information from members of the public. We contacted the local authority who commissioned the service who told us that they had no immediate concerns regarding the service. We also contacted the local Healthwatch team. Healthwatch is a new independent consumer champion created to gather and represent the views of the public. They told us that they had no recent information regarding this service.

Good

Is the service safe?

Our findings

People told us that they felt safe and well cared for at the home. One person told us "I'm well looked after and the staff keep me safe" and another person told us "I'm comfortable and feel safe." Other people's comments included "This place is alright and they really look after us" and "Yes, I am happy in this place, it's a cold day today buts it's warm in here and they look after us well."

We saw that policies and procedures were in place in relation to safeguarding people. These policies and procedures were available to all staff. In addition, the was a notice in the foyer of the home informing people who used the service, the relatives and visitors who they should contact at the local authority if they suspected a person was at risk from abuse. Staff spoken with demonstrated a good awareness of what action they would take if they suspected or became aware of a safeguarding situation. Training records demonstrated that the majority of staff had received training in safeguarding people. No safeguarding situations had been reported since our previous inspection.

Staff spoken with told us that no restraints were used whilst supporting people. Training records demonstrated that the majority of staff had received training in challenging behaviour and during our visit we saw staff using gentle distractions when a person became anxious.

Policies and procedures were in place for the safe management of people's medicines. We looked at how medicines were managed and saw that appropriate storage facilities were available to keep people's medicines safe. Information was available to staff in relation to what signs and indicators to look for in relation to the medicines people were prescribed. Medication administration records (MAR) were completed by staff when they administered people's medicines. Senior staff explained and demonstrated how they checked that people's medicines were being managed appropriately. We saw that a full audit of medicines had been carried on a monthly basis and that senior staff were responsible for these checks. Training records demonstrated that staff authorised to administer medicines had completed up to date training in medication.

We saw that where required, people's care planning documents contained risk assessments in relation to moving and handling to minimise any risks when people were being supported to move around the home. However, a number of people had been identified as being at risk from falls and this information was not considered in care planning documents. We discussed this with the senior staff on duty who addressed this by developing risk assessments to contribute to planning people's care.

A recruitment procedure was in place for the safe recruitment of staff. The procedures included obtaining appropriate references and Disclosure and Barring Service (DBS) checks prior to a new member of staff commencing employment. We looked at the recruitment records of the two most recently recruited care staff and saw that they contained evidence that the appropriate recruitment checks had been carried out.

At the time of our visit there were sufficient staff on duty to meet the needs of people. In addition to care staff, a cook and domestic staff were on duty to support the service. Two social care students were also in the home on placement from their college course. Their role did not include any personal care tasks. We did not observe people having to wait for care and saw that people's needs were met quickly.

Throughout the visit we saw that the home was clean and tidy and free from any offensive odour. In April 2014 the home was awarded five stars for food hygiene by the local council's environmental health team.

Two people showed us around their bedrooms. They told us that they liked their rooms and felt that the home was clean. One person told us that they would like to be able to lock their bedroom door occasionally like they used to. We discussed this with the staff on duty. We discussed people's opportunities to be able to lock their bedrooms with the senior staff on duty. They too told us that if people wished to lock their rooms they could ask for a key. Following this discussion the senior staff added the question of whether people wanted to have a key to their room to the assessment form that is completed prior to a person moving into the service.

Requires Improvement

Is the service effective?

Our findings

People told us positive things about the staff that supported them. Their comments included "This place is alright and they really look after us" and "I have been in this home a few times and it had always been very good so I'm happy to be back with them."

People told us that they enjoyed the food available and that they always had a choice. Their comments included "The staff are all very good. The owner is alright too, she's ok. The food is good too and I think I'm having fish today but my memory is poor at times, anyway we get good choices." Another person told us "I always enjoy my meals here but I'm not keen on pears so I am having ice cream today" and "We can eat in our rooms but mostly prefer to come to the dining room. Its nice to look out on the garden, the owner lives here and they keep it looking well. In the summer it was very nice to sit outside with our visitors."

Staff spoken with demonstrated that they knew the needs, likes and dislikes of the people they supported. They were able to explain how they supported individuals' with specific tasks throughout the day. We saw that positive relationships had been built between the people who used the service and the staff team.

Staff communicated with people in a pleasant effective manner throughout our visit. For example, we saw that staff explained in detail all of the foods available during lunch, listened to people's choices and ensured people received the food they wanted.

We saw that care planning documents contained a pre admission assessment. These assessments were carried out prior to people moving into the home to gather information about people's specific needs and to ensure that the service was able to meet their needs. For example, we saw that the assessment gave the opportunity to record people needs and wishes in relation to their chosen religion; family and friends; health care needs; mobility; eating and drinking; personal care; memory and orientation; social needs; continence and medicines. The pre admission assessment also gave the opportunity to assess people's needs and wishes in relation to special dietary needs; support required to eat and drink and individual food likes and dislikes.

People told us that they had a choice as to where they ate and the times they ate their meals. Hot drinks were served periodically throughout the day and staff made drinks for people who requested them in between those times. Staff told us that if people wished to have their meals in their bedroom they could however, people were encouraged to have their meals in the dining room or lounge as that helped promote social interaction.

We saw that people chose to sit where they wanted and with friends in the dining room. Tables were set with crockery and cutlery. We sat with people during lunch and saw that people were offered alternatives if they did not want to have to food on the menu. The menu was displayed on a board in the lounge but at the time of our visit it did not display the alternative meals. We discussed with the cook on duty the use of pictorial menus in order to help people choose their meal. They told us that some of the menu was in pictorial form but was not in use. We discussed this with the senior care staff who told us that they would ensure that the pictorial menus would be further developed and implemented to assist people with choosing their meals.

We observed staff assisting people to eat their meals. This was done in an unrushed manner with staff engaging with people. One person had a specific dietary needs and care staff and the cook on duty were able to tell us what they did to ensure that these specific needs were met.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLs) and report on what we find. The MCA and its associated Code of Practice provides a statutory framework to empower and protect people who are not able to make their own decisions. In situations where the MCA is not implemented people may be denied rights to which they are legally entitled. Senior staff spoken with demonstrated a good awareness of the Mental Capacity Act and policies and procedures were in place in relation to people giving consent to their care, the Mental Capacity Act an DoLS. In order to ensure that restrictions on a person's liberty are done so within the current legal framework a DoLS application must be submitted to and assessed by the local authority to safeguard individuals' rights. All DoLS and best interest decisions made on behalf of people must be recorded and reviewed on a regular basis. We saw that improvements were needed as to how decisions made in people's best interests were recorded. For example, we saw that a number of people had bed rails in place to maintain their

Requires Improvement

Is the service effective?

safety and the restrictions of these rails had not been recorded as being in people's best interests or considered in care planning documents. We saw that DoLS applications had been made to the local authority on behalf of people. Staff told us that they were in the process of arranging with the local authority best interest meeting to ensure that any decisions made on behalf of a person are done so in their best interests.

We saw that improvements were needed in how people's consent to care was recorded on their care planning documents. The records demonstrated that people's next of kin had signed and agreed the care plans in place however, the documents failed to demonstrate that the relatives who had signed were legally entitled to consent to people's care plans. For example, one person care file contained a Mental Capacity Act 2005 consent form in relation to decision making. The form stated that a relative was currently in the process of becoming a deputy under the Court of Protection in relation to decision making on behalf of the person. However, the record failed to demonstrate what arrangements were in place in relation to decision making on behalf of the individual until the application to the Court of Protection had been approved.

People's care planning documents demonstrated that people had regular access to local health care professionals. For example, we saw evidence of GP and chiropodist visits and visits from community nurses when required. This showed that people were in receipt of regular support to manage their health and welfare.

Training information provided demonstrated that all staff had completed training in health and safety; food hygiene; fire and infection control. In addition the majority of staff had completed training in challenging behaviour; safeguarding; moving and handling; first aid and dementia. Senior care staff had completed training in medicines administration. The majority of staff had completed an National Vocational Qualification (NVQ) level two or above in relation to their role. In addition, four staff had achieved a level three qualification in dementia and the three deputy managers within the service were in the process of undertaking their level five diploma in leadership.

Staff told us that they received regular supervision for their role. Records demonstrated that staff received regular supervision and senior staff explained that during each supervision session staff familiarised themselves with policies and procedures within the service. For example, the staff supervision matrix demonstrated that staff had discussed whistleblowing procedures; records keeping; gifts and legacies procedures and continuity of care. Regular training and awareness raising for staff helps ensure that the care and support they deliver is safe and meets current best practice.

Good

Is the service caring?

Our findings

People spoken with told us positive things about the staff that supported them. Their comments included "I've not been here long but its lovely here and I've no problems" and "I've no problems with the staff or the care. They are kind and helpful and you can always speak to the owner which, in some homes, you cannot do."

Two visiting relatives told us "She [their mother] has been here about three years and we feel this is a very good home. They care for her well and we have no complaints at all." Another visitor told us that they visited every week to see their friend and they said "I can tell he is being well looked after and, on his good days, he agrees with me. In my opinion you can tell the minute you walk in by the way it [the home] is always clean and cared for."

People told us that they were treated with respect and dignity and that their privacy was maintained. They told us that staff were pleasant towards them and considerate. We observed staff supporting people in a gentle manner. For example, we observed staff kneeled to speak to people sat in chairs and directed the conversation directly to them whilst they maintained eye contact. We saw that staff knew people well and responded to people who were not always able to voice their needs and wishes.

We saw staff supported people to move from one chair to another using a hoist. These transfers were carried out in a manner that respected the person's privacy. Staff were seen to talk to people and explained what they were doing. We saw that a blanket was used to cover people's legs whilst they were using the hoist to help maintain their dignity.

At the time of this inspection none of the people living in the home were in receipt of advocacy services. Senior staff told us that if a person required the use of an advocate they would contact the local authority. During discussion staff recognised that there was no information displayed to inform people of local advocacy service available and demonstrated a commitment to ensuring that the information was made available to all.

Information in relation to what services people could expect whilst living at the home was available. We saw that the homes statement of purpose was available along with a residents handbook which contained information about the service. We discussed the statement of purpose with the senior staff on duty and the need for the information to be kept up to date at all times. This was because some of the information referred to the Care Standards Act 2000 and not the current Health and Social Care Act 2008.

A home charter was available which stated that people who used the service have the right to independence; privacy; choice; fulfilment and dignity. We saw examples of the charter being implemented. For example, people had the choice of when they went to bed and got up; people's dignity was maintained when they were receiving care. In addition, we saw that people were able to move freely around the home and access their bedrooms whenever they chose to.

Good

Is the service responsive?

Our findings

People told us that they got the opportunity to sit and discuss their situation, and any worries they may have with the staff and that the management were helpful concerning major decisions. If they had any concerns or complaints people told us they could raise these with the staff and were confident that any concerns would be dealt with appropriately.

Some of the people spoken with told us that they were happy with the level of organised activities such as films, bingo or seated exercises. Another person told us, "Some of us could do with a bit more variety than TV, waving your arms about. I do believe they get an entertainer in sometimes but not recently."

Staff told us they tried to involve people in activities and they said, "Some people don't really want to do anything apart from watching football or soaps on the TV. We do get people in sometimes such as a lady poet but even then some people don't want to know." This showed that staff were aware of people's recreational choices and that people were given encouragement to participate in activities.

People told us that they chose what time they got up and went to bed. One person commented that "It is relaxed here" and another told us "you can basically do what you want when you want." We spoke with one person who told us that they got up mid morning for their breakfast and then went back to bed. They had their lunch when the got up again, whatever time that may be.

Each person had their own individual care plan which documented their day to day needs. We looked at the care plans of three people and saw that they contained information in relation to physical and mobility needs; diet and weight; if the person was living with dementia; sleeping; personal care and memory and confusion. We saw that specific information was sought regarding people's preferences, for example, in relation to sleep, clothing, use of a light during the night and preferences for bathing/showering. Care planning documents also included a section titled 'The journey of my life.' This section gave the opportunity for staff to record people's preferred mode of address; information about family and friends; their favourite things; general health and past working life. Staff told us that this information helped them to get to know people and plan their care appropriately.

A complaints policy and procedure was available and accessible around the home. Information provided in the provider information return (PIR) stated that the provider had received four complaints since our last visit. Staff were able to tell us how they had managed these complaints and what actions they had taken help ensure that the concerns were not raised again. The Care Quality Commission had not received any concerns about the service since our previous visit.

We saw that in order to gain people views on the service they received at the home, survey forms were sent out. We looked at the most recent completed survey forms that had been completed in October 2014. The comments recorded were good. Senior staff told us that in the event of a negative comment being received it would be addressed immediately and feedback given to the person.

The provider information return stated that they planned to improve the service by sending further surveys out over the next 12 months to gather the views and experiences of people who used the service and their relatives.

Good

Is the service well-led?

Our findings

At the time of this inspection there was no registered manager in post. However, three senior members of staff were in the process of registering with the Care Quality Commission as the registered managers for the service. We spoke with two of those senior staff during the inspection. They told us that having three registered managers for the service would enable a manager to be available seven days a week. This would ensure that there was always a manager on duty to support the staff team, manage any situations that arose and promote continuity of care for people who used the service.

The provider visited the service on a regular basis and was on-call to staff when required to offer support. We observed the provider spent time with people who used the service and it was evident that they had regular contact with people and the staff team.

Staff told us that they felt well supported in their role by the senior staff and the provider. They confirmed that they received regular support and that the senior staff team were approachable.

Staff spoken with were fully aware of their role at Whitestone Lodge and demonstrated a commitment to their role. One staff member told us, "I've been here 10 years and I feel we have a good team so, between the owner [the provider], the other seniors and myself, I think we run the place very well."

We saw that systems were in place to monitor and maintain equipment, fire detection equipment and the environment. A handy person was employed on a regular basis to address any repairs that were required around the building.

We saw that a monthly audit was carried out by a senior member of staff. We looked at these audits and saw that check lists were completed to ensure that people were receiving the care and support they required. For example, we saw that regular checks and reviews were carried out in relation to people's medicines and care planning records.

Systems were in place to deal with any emergencies that may arise. For example, we saw a business and emergency planning procedure that considered adverse weather and the failure of utilities. Staff had access to emergency contact numbers in relation to equipment failure such as the lift; hoist; fire detection system; call bell system and telephone system. Having access to this information helped ensure that staff were able to respond to any failures that may effect the quality of the service people received.

The provider told us in their provider information return (PIR) of their plans to improve the service people received over the next 12 months. These plans included having a new sluice room to ensure that the service complies with infection control guidance; carpets to be replaced in a number of bedrooms and hand wash soap dispensers and paper towels to be put in every room. In addition, there were plans for improvements to the activities programme available so that they are more suited to individuals; access training in relation to dignity, equality and person centred planning along with training for staff in relation to end of life care.