

Mrs Veronica Caulton

Whitestone Lodge

Inspection report

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Date of inspection visit:
18 May 2022
24 May 2022

Date of publication:
05 July 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Whitestone Lodge provides accommodation and personal care for up to 20 people, including people who are living with dementia. There are two floors accessed via stairways and a passenger lift. At the time of our inspection there were 19 people living at the service.

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

During our inspection we found a number of shortfalls in relation to record keeping, reviews of people's care and a lack of person-centred information in some aspects of people's care plans. In addition, we found that systems in place to check whether improvements were needed had not been routinely followed. The provider and new manager were open and transparent about these shortfalls and recognised the need to make necessary improvements. Since starting in post, the new manager had already taken action to address some of the highlighted issues.

People spoke positively about the care they received, and family members were confident their loved ones were well looked after. People told us they felt safe and could talk to staff about any concerns they had. One family member told us, "I can't fault them [staff]. They do an amazing job. The home is always clean. [Relative] is always clean and tidy. They chat to him. I haven't even noticed the lack of manager. No issues at all."

Risks to people's health and well-being had been assessed and staff had a good level of knowledge and understanding about people's individual risks and how best to support them. There were enough staff to meet the needs of people living in the home.

The environment was clean and hygienic. Staff received training in infection prevention and control and were provided with regular updates and changes to guidance; particularly in response to COVID-19. Staff and people using the service accessed regular COVID-19 testing. The service supported family members to regularly visit their relatives safely and had processes in place to prevent visitors from catching and spreading infections.

People's needs had been assessed and care was delivered in line with best practice guidance. Staff identified changes to people's health and well-being and completed referrals to health and social care professionals in a timely manner.

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.

Staff spoke positively about their experience of working at Whitestone Lodge. One staff member told us "I love it here. All the staff are spot on. We are one big team. I feel very supported by [provider] and I am so glad

[manager] is back." Staff were aware of the improvements that needed to be made but were confident action would be taken.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 11 June 2020 following a change to the provider's name. This is the first inspection. The last rating for the service under the previous provider name was good (report published 18 October 2017).

Why we inspected

This inspection was carried out in line with CQC inspection guidance for newly registered services.

We 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 COVID-19 and other infection outbreaks effectively.

Follow-up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This services was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

This service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

This service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Whitestone Lodge

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 Health and Social Care Act 2008.

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 one inspector.

Service and service type

Whitestone Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Whitestone Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A new manager had been employed at the service but had not yet registered with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people and five family members about their experience of the care provided. We spoke with five staff members, including care staff, kitchen and domestic staff. We also spoke with the new manager and provider.

We reviewed a range of records including six people's care plans and associated records, medicine administration records and other records relating to the overall management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection since the provider registered under a new name. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being had been identified through assessments. However, some care plans and assessments had not been reviewed since January 2022 to ensure they contained the most up-to-date and accurate information.
- Where people required regular monitoring of specific risks, such as regular movement to prevent pressure sores or recording of food intake to prevent weight loss, records were not kept to show staff were completing these tasks.
- Care plans for people with risks associated with behaviours staff may find challenging, lacked person-centred information to help staff identify signs and prevent incidents occurring or escalating. Staff we spoke with knew people well and were able to explain how to deal with such incidents.

We found no evidence that people had been harmed. However, there was a failure to ensure that records relating to risk assessment, monitoring and management were in place, up-to-date and person-centred. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular safety checks were completed on the environment and equipment used by people for mobility support.

Using medicines safely

- Staff responsible for the administration of medicine had received relevant training to do so safely. However, assessments to check their continued competency had not been routinely completed since September 2021. The new manager had completed assessments on all staff during the inspection process.
- On-the-whole medicines were managed safely, and people received their medicines on time and in line with prescriber instructions. However, recording of topical medicines such as pain patches were not always completed accurately to show where they had been placed. This meant it was not always clear that staff had rotated the patch to reduce skin irritation.
- Where people were prescribed 'as required' medicines, plans lacked person-centred information to ensure staff were only administering when needed. This was discussed with the manager and action was taken to address the issues found.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff received safeguarding training and told us they were confident raising concerns or allegations of abuse.

- The provider and senior staff kept a record of safeguarding incidents. Incidents of concern were reported to relevant health and social care professionals and action taken to prevent further incidents.
- Accidents and incidents that occurred within the home were recorded and appropriate action was taken to ensure people were safe. However, there was a lack of managerial review and analysis to look for patterns and trends in order to prevent future occurrences.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe.
- People and family members told us staff were always around when they needed them. Comments included; "There always seems to be staff around when I visit. They never seem too rushed and [relative] never complains about waiting too long" and "If I ask for help or if I need anything I don't have to wait long."
- Safe recruitment processes were in place; a range of pre-employment checks were completed on new applicants to make sure they were suitable to work for the service.

Preventing and controlling infection

- The home was visibly clean and hygienic. Staff responsible for the cleanliness of the home completed records to show what tasks had been completed and when. However, improvements were needed to show that more detailed cleaning tasks, such as deep cleaning and high-touch surfaces, had been completed.
- Staff had received infection prevention and control training and told us they received regular updates and guidance; particularly in relation to COVID-19.
- Staff had access to enough supplies of PPE and were observed wearing masks correctly.
- COVID-19 visiting arrangements were in place and conducted in line with current guidance. However, COVID-19 visiting care plans contained some information that was out-of-date. We advised the provider review all plans to ensure the information recorded accurately reflected their visiting procedures and current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection since the provider registered under a new name. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough with choice in a balanced diet

- People's needs had been assessed and care delivered in line with best practice guidance.
- We identified some improvements needed in relation to care plan reviews and recording of detailed information in relation to needs associated with people's behaviour. We have reported on this further in the safe key question.
- It was evident from other records reviewed and conversations with people and family members, that staff provided care and support in line with people's current needs.
- People's oral health needs were considered as part of the assessment process and detailed plans were in place to advise staff on how best to support people to maintain good oral health.
- Kitchen staff were aware of people's needs, preferences and risks relating to their food and drink intake.
- People and family members spoke positively about the food provided and were given a choice of meal options. Comments included; "The food is nice. I get a choice" and "[Relative] never complains. He loves his food so he would say if he had a problem. He eats everything on his plate, so he must enjoy it."

Staff support; induction, training, skills and experience

- Staff had received training in areas the provider felt was mandatory for their role. However, staff had not received training in areas such as diet and nutrition, oral hygiene and challenging behaviours. We discussed this with the provider who told us they were looking at additional relevant training for staff.
- Observations and conversations with staff and senior care staff showed they had detailed knowledge of people's individual needs. One family member told us, "They [staff] definitely know what they are doing. [Senior carer] manages [relative's] diabetes so well. He is very erratic [blood sugars] but they manage it really well."
- The provider told us no formal staff supervisions had been completed since the previous manager had been in post. The new manager was aware of the issues and had plans to re-introduce formal supervisions for all staff. We have reported on this further in the well-led section of this report.
- Staff told us they felt supported by the provider and new manager. One staff member told us, "No we haven't had any supervisions, but we can still always go to the office if we need to. [Provider] has been very supportive."

Staff working with other agencies to provide consistent, effective and timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health and social care services in a timely manner.

- Staff completed referrals to appropriate services when people's needs changed and acted upon advice given by external professionals to make sure people received the right care and support.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA; applications to deprive people of their liberty had been completed appropriately.
- People's capacity to make specific decisions about their care was considered as part of the assessment process. Where people lacked the capacity to make specific decisions, appropriate best interest decisions were made.
- Staff made sure people were given choice and control over decisions about their day-to-day care.

Adapting service, design, decoration to meet people's needs

- People's rooms were decorated to their choice and contained items of memorabilia.
- People had access to an enclosed and well-maintained garden area; at the time of our inspection this had been decorated to celebrate the up-coming Queens Jubilee.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection since the provider registered under a new name. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were well cared for and supported by staff they had built positive relationships with. One staff member told us, "I absolutely love it here. The [people] are lovely, I just love talking to them and getting to know them. I couldn't work anywhere else."
- People and family members spoke positively about the care they received and how staff treated people. Comments included; "They [staff] are lovely" and "I can't fault them [staff]. They have been brilliant. They are really good with him [relative]."
- It was clear from observations we made and comments from people and family, that staff chatted with people and took time to get to know them. One family member told us, "They [staff] definitely interact with them which you can see because they tell me things that I know can only have come from him [relative] so I know it's genuine."
- People's equality characteristics were considered as part of the assessment and care planning process; such as needs associated with their culture, religion, sexuality and spiritual beliefs.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff respected people's privacy, dignity and independence. One person told us, "I like to help with things like the chairs and getting the newspapers. They [staff] seem to like that."
- People appeared clean and well-presented. One family member told us, "They [staff] look after him [relative] really well. He is very neat and tidy and looks clean all of the time."
- Whilst formal reviews of people's care had not been completed since January 2022, people and family members told us they always felt involved in any decisions made. Comments included; "They [staff] always chat with me and ask how I am feeling and if I am happy" and "I get a call quite regularly from [staff name] telling me how things are going and asking if I am happy with how she [relative] is doing. It's been difficult with covid but I definitely still feel involved."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection since the provider registered under a new name. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care that was person centred and which met their needs, preferences and interests.
- Staff knew people well and how to support them in a way that made them feel at ease. For example, one person displayed behaviours that staff often found challenging. They knew how to respond to incidents in order to reduce anxious behaviour and prevent further escalation.
- We did identify some areas of improvements needed to care plans in order to contain more detailed person-centred information about some people's identified needs. However, staff showed a good level of knowledge about the people they supported. We have reported on this further within the safe key question.
- People were supported to maintain contact with those important to them. One person told us, "My son visits regularly, and I go out for a meal with family every week." A family member told us, "I visit every week. It's been hard with covid and we have to book and take a test before we visit but I know it's to keep them safe."
- Where possible, people were supported to access the community. One staff member told us, "[Person] likes to just come and go. We always make sure they have enough money and that they're safe."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of the assessment and planning process. Where required, care plans contained information about how best to communicate with people to make sure their needs were met.
- Consideration was given to providing people with information in different formats; such as large print.

Improving care quality in response to complaints or concerns

- A record was kept of any concerns or complaints received. Whilst no recent complaints had been made direct to the service, some quality concerns had been raised to the local authority. Records showed these had been investigated by staff and relevant action taken.
- People and family members told us they knew who to speak to if they had any complaints or concerns about the care. Comments included; "I would talk to [staff name] if I was worried about anything" and "I've

never really had to raise any concerns but I know who to contact if I did."

End of life care and support

- People's end-of-life wishes and preferences were considered as part of the assessment and care planning process.

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.

This is the first inspection since the provider registered under a new name. This key question has been rated requires improvement. This meant that whilst leaders were keen to create a culture that supported the delivery of high-quality, person-centred care, improvements were needed in record keeping and overall governance.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider's governance systems had failed to identify issues in relation to records maintained by staff.
- Audits and checks had not been regularly completed to determine whether improvements in the standard of care people received were needed.
- No formal processes had been in place to evidence the provider regularly engaged with people using the service, family members or staff. However, feedback received regarding communication and engagement was positive.
- Staff supervisions and appraisals had not been completed since the previous manager had been in post. This meant there had been no formal process to enable staff to discuss work concerns or opportunities for development.

Governance systems were not routinely used to check the quality and safety of the service or formally engage with people, family members or staff. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was open and transparent about shortfalls in records management, including audits and checks, since the previous manager had left and was keen to address this.
- Family members told us they regularly received phone calls from staff with updates about their relative's care. In addition, they were made aware of any important updates to the service.
- Staff told us that whilst regular meetings were not always held, they still felt included and able to discuss concerns or give feedback. One staff member told us, "The door is always open. We can talk to [provider/manager] whenever we need to and we get updates all the time. We are good staff team and we all work together."

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

- The service had been without a manager since September 2021. The provider, with the support of a team of senior care workers, had been overseeing the daily management of the service.
- A new manager had commenced in post during the inspection activity. They had previously worked at the service as a deputy manager and had good knowledge of the people living in the home. Since starting in post, they had already addressed a few issues relating to governance; such as medication competency

assessments and audits.

- Positive feedback was received by staff, people and family members about the new manager and provider. One family member told us, "I am so glad [manager] is back. I am over the moon. My [relative] will be absolutely delighted. He loved her." A staff member told us, "[Provider] has always been there for us. She's a good owner. I am glad [manager] is back. She knows this place and the [people] really well."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The new manager and provider were keen to make necessary improvements. It was clear they, and the staff team, knew people well and how best to support them.
- People and family members spoke positively about the service and standard of care provided. Comments included; "I like it here. We are looked after well by them [staff]," "Definitely happy with the care he [relative] gets. He settled in really well and I didn't think he would" and "It's excellent here. It's like a home from home."
- Staff told us they enjoyed working at the home and felt able to speak openly if they had concerns. One staff member told us, "I absolutely love being here. The team are tremendous. Residents are lovely. [Provider] is always there if you need it. Absolutely delighted [manager] is back. She is fabulous. The care is always there."
- Staff worked closely with external health and social care professionals to ensure people received the right care and support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their legal responsibility when things went wrong. They were open and transparent about the shortfalls found during this inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records relating to the monitoring and management of people's health, safety and well-being were not always completed or regularly reviewed. Some records lacked person-centred information to help staff manage specific risks; such as those related to behaviours staff may find challenging.</p> <p>Audits and checks were not routinely completed to ensure improvements were made where necessary.</p>