

Mr & Mrs P Gunputh

Whitehall Lodge Care Home

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

Whitehall Lodge is a small residential care home for three people with a range of mental health conditions.

Rating at last inspection.

At our last inspection in December 2015, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People told us they continued to receive care which protected them from avoidable harm and abuse. We found that incidents had been reported to the local authority safeguarding. Risks to people's safety were identified and measures were in place to help reduce these risks. When people required support to take their medicines this only happened when staff had received the training and were competent to do so. Regular checks on staff practices were undertaken to support people's safety. People thought there were enough staff to provide support and meet their needs.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff had received training to provide them with the skills and knowledge they needed to provide the right care and support people as required. People were provided with care which continued to be effective in meeting their individual needs.

People enjoyed spending time with staff that cared for them and were treated with dignity and respect. People were encouraged to maintain their own personal interests and take part in activities within the home or out in the local community.

People's care was planned in ways which reflected their preferences and wishes. Health and social care professionals' views and suggestions were listened to and considered when people's care was planned.

People knew how to complain if they needed to.

People living at the home and their relatives were encouraged to give regular feedback on the service provided through meetings and questionnaires. The registered manager regularly checked the quality of the care people received. Where actions were identified these were undertaken to improve people's care further.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 16 August 2018 by one inspector.

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 contacted the local authority and Healthwatch 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, the registered manager /provider by telephone [as they were on leave], the deputy manager, a senior care staff and a care staff member. We also spoke with a senior mental health practitioner who was visiting one person living at the home on the day of our inspection.

We reviewed three people's care records, three recruitment records, staff training records, complaints records and quality assurance checks.

Is the service safe?

Our findings

At our inspection in December 2015 we rated the service as good. At this inspection the rating remained good.

People told us they continued to feel safe living at the home. One person told us, "I like living here and the staff are nice. It's much better living here than [other provider's name]."

The provider continued to protect people from avoidable harm, abuse and discrimination. Staff had received training in, and understood, how to recognise, respond to and report abuse. They told us they would immediately report any abuse concerns to the management team. Staff were also aware of whistle-blowing procedures and felt confident raising any concerns. The registered manager understood their responsibilities in reporting and dealing with concerns to ensure people remained safe. One staff member told us, "If ever I was concerned about a person I know [registered manager's name] would take action. However, if they didn't I would contact the Care Quality Commission [CQC]."

We saw from people's support plans risks to people's safety and wellbeing had been assessed, managed and reviewed to keep people safe. For example, we saw guidance for staff to follow when supporting one person out in the community, as they had mobility difficulties and could become anxious.

People told us they felt there were enough staff on duty to meet their needs. The provider followed robust recruitment procedures. Recruitment records demonstrated prospective staff had completed a thorough recruitment process. Checks into people's backgrounds had been completed before staff were appointed. These included Disclosure and Barring Service checks [DBS] and two reference checks. DBS checks return information about any convictions and cautions, which help employers make safer recruitment decisions and prevented unsuitable people from working with people who lived at the home.

We saw the provider had systems to record and monitor any accidents and incidents so they could ensure lessons were learned when things went wrong.

We saw staff understood the necessity of good infection control practices to keep people from risks from cross infection for example, we saw staff wearing aprons assisting people to prepare their meals.

We saw people's medicines were administered and managed safely. There were appropriate facilities for the storage of medicines. For example, people's medicines were stored in a locked medicine cupboard. We saw written guidance was in place if a person needed medicines 'when required.' These were recorded when staff had administered them and the reason why, so they could be monitored. Staff administering medicines had their competencies checked annually to ensure they followed the provider's medicine policy and procedures.

Is the service effective?

Our findings

At our last inspection in December 2015 we rated this service as good in effective. At this inspection the rating remained good.

People were supported by staff that had the training and knowledge to meet their needs so they would be able to enjoy the best well-being possible. Staff told us they received regular training which helped them deliver up-to-date, evidenced based care. People benefitted from a long serving staff team who they had built very positive relationships with. One person told us, "It runs good here, staff are good and nice." Staff told us they received regular supervisions which gave them the opportunity to reflect on their practice.

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

People's rights with regards to consent and making their own decisions continued to be respected by staff. People we spoke with confirmed that staff asked their permission prior to supporting them. Staff told us they ensured people were happy before proceeding with any support and provided reassurance while undertaking the task. Staff and the registered manager understood their responsibilities with regards to the protection of people's rights and what to do when someone may not have the capacity to make their own decisions. Staff confirmed they had training in Mental Capacity Act (MCA) and were able to describe the principles of the legislation.

We saw how people were assisted to maintain their independence and enjoy their meal time experiences by offering the choice of what and where they would like to eat their meals. People had their individual likes and dislikes of foods recorded and staff respected their wishes. The provider held weekly menu planning meetings, so people could make their own choice of meals. One person told us, "[Registered manager's name] comes over every week to ask me what food I would like to have, then he goes shopping for me." We saw staff encouraged people to make their own drinks and get involved with making meals and baking.

People's individual needs had been assessed and plans were in place to support staff in providing effective care to meet each person's needs. Staff were kind and considerate when reassuring and explaining to people why they required to attend medical appointments. We saw from people's care records, people had accessed health professionals as required to ensure people's needs were met. A visiting health professional commented, "The registered manager and staff do really listen to me and follow through my suggestions. It's like one big family here.it's really lovely."

People benefitted from a small homely environment. We saw the home was very clean and had been decorated to people's personal taste and people had their cherished possessions in their rooms making these homely.

Is the service caring?

Our findings

At our last inspection in December 2015 we rated this service as good in caring. At this inspection the rating remained good.

We saw people living at the home benefitted from living in a cosy home from home atmosphere. We saw throughout the home there were photographs of people and their personal effects displayed. One person told us, "I've lived here for many years. I like living here, because the staff are so nice."

People's care records included information about their life history, family relationships and important events and religious beliefs. People's diverse needs were recognised and staff enabled people to continue to enjoy the things they liked. Staff told us people were supported to maintain relationships with family members as they wished and were welcomed by staff when they visited the home. A health care professional told us, "It's like one big family here, I see the people go out together for meals to celebrate their birthdays."

All the people we spoke with told us they liked the staff who worked at the home. As the staff team had worked at the home for many years we heard conversations about various relatives and it was clear very positive relationships had been formed. We saw people and staff addressed each other affectionately and with lots of laughter. People were encouraged to express their views and were consulted in making decisions about their care and support, through regular meetings with staff and the registered manager.

We saw people's privacy and dignity was respected, we saw an example of how staff respected one person's wishes to eat alone. We saw when one person wanted assistance with personal care this was managed respectfully and discreetly by staff gently supporting them to leave the lounge and go to the bathroom.

Is the service responsive?

Our findings

At our last inspection in December 2015 we rated this service as good in responsive. At this inspection the rating remained good.

People told us staff talked to them about the care they wanted and listened to their views so their care was planned in the way they preferred. We saw people were comfortable to let staff know what support they wanted. For example, on the day of our inspection we saw staff supported a person to read their favourite newspaper and another person chose to go to the local shop.

People received care that met their individual needs. The care was planned and reviewed with people and staff knew people's preferences for care. People's care plans and risk assessments provided staff with the information they needed to care for people so risks to their well-being was reduced and their individual needs were met. People told us they were supported and encouraged to join in and explore different experiences. They told us they had regular activities of their choice which included attending courses, clubs and many social events. Staff described how they went the extra mile to help people have their holidays facilitated. One person told us how much they enjoyed their holiday said, "I went to Blackpool and stayed in a hotel, I had a great time."

We discussed with the deputy manager how responsive the provider was in relation to equality, diversity and human rights; and how they promoted inclusion for people of all religions, cultures and sexual orientation. They gave us examples of how they respected people's chosen religions, cultures and sexual orientation and any specific instructions were recorded in people's care plans for staff to follow. We heard how people were supported to follow the religion of their choice. For example, one person found it difficult to attend their local church, the registered manager had asked the local priest to visit the person at home.

People were encouraged to make decisions and choices about their care and support they received. This included how people would prefer their end of life care and support. These details were included in people's care plans with instructions for staff to follow in the event of their death.

People told us they would be comfortable to raise any concerns or complaints they had with the registered manager, provider or staff. People we spoke with told us they had not needed to make any complaints about the service as their comments and suggestions were listened to. Staff knew what action to take in the event of someone making a complaint and were confident the registered manager would address these.

Is the service well-led?

Our findings

At our last inspection in December 2015 we rated this service as good in well-led. At this inspection the rating remained good.

At the time of our inspection there was a registered manager in post, who was also the provider. However, the registered manager was away on leave, so we spoke to them via the telephone. 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.

One person described the home as a, "Good place." Another person told us they liked the registered manager and stated, "He is always here." Staff we spoke with were positive about the service and told us that they felt it was well-led.

The provider had a management structure that staff and relatives understood to promote a good service for people who lived at the home. The registered manager was supported by a deputy manager. All staff we spoke with were very positive about the registered manager. A staff member said, "I feel supported, he is the best gaffer [registered manager] I've ever worked for". Another staff member said, "We have regular staff meetings and we discuss each person's care". Staff told us that they were listened to by the registered manager and they felt valued. A staff member said, "We have worked as a team here so that benefits people. Another staff member told us, "There is an on-call rota all staff know that outside of core business hours we only have to ring for advice. If ever we need anything the registered manager or deputy manager live close by so they are here within minutes should we need them."

We saw that audits were undertaken that included the safe keeping of people's money and medicine management. An analysis of accidents and incidents that included minor injuries and incidents affecting people's mental health and well-being were monitored to determine patterns and trends to reduce these. Staff told us that a whistle blowing procedure was in place for them to follow and they would use it if they had a need.

We saw the registered manager sought the feedback of people living at the home, relatives and professionals through questionnaires. We saw all the responses were positive. For example, a relative had written, "Thank you to all staff for everything you do...It is down to you that my [relative name] is still alive, its due to the excellent quality of life."