

Mrs Veronica Caulton

Whitestone Lodge

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Whitestone Lodge Care Home provides accommodation and personal care for up to 20 people in a converted building over two floors. At the time of our inspection 20 people were living at the service.

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

Risks to people's health, safety and welfare were not always assessed, monitored, and managed to ensure their safety. A risk assessment had not been completed to determine the risk level and whether a risk management plan was needed for people with conditions which posed a potential risk to their physical and mental health.

Checks on the safety of the environment, utilities and equipment were not consistently completed. Records lacked instructions on the required frequency of checks, location of checks and who was responsible and had completed them.

Staff were confident about recognising and reporting abuse, however, a significant number of staff had not updated their safeguarding training. A number of allegations of abuse were raised with the relevant local authority, however, there were no records maintained to enable us to review what immediate action was taken to safeguard people.

There were no records to show an initial assessment of some people's needs and choices had been completed prior to their admission to the service. Assessments were not always completed, and care plans were not always updated following a change in people's needs.

Staff were not always appropriately trained for their role to enable them to meet people's needs. There were significant shortfalls in the completion of training for staff. Staff were carrying out tasks without the right training, skills, and knowledge.

There was a lack of a person-centred approach to planning people's care. Care plans were not in place to guide staff on people's needs and choices and how they were to be met. Outcomes recorded in some people's care plans were not personalised.

The provider's complaints procedure was not up to date and there was a lack of response to complaints received about the service. Complaints were not acknowledged, investigated, responded to, and used to improve the quality of care.

The provider lacked understanding of their role and responsibilities and regulatory requirements. The provider failed to act on and make improvements following the last inspection. There were no clear lines of responsibility for ensuring oversight of auditing systems and processes. Audits and checks were inconsistent and ineffective, they failed to identify risk and bring about improvements. Records relating to people's care

and the management of the service were not always maintained, accurate and securely stored.

Staff were caring and kind towards people when providing them with care and support.

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 July 2022).

Why we inspected

The inspection was prompted in part due to concerns received about people's safety and the leadership of the service. A decision was made for us to inspect and examine those risks.

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.

The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitestone Lodge on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to people's safety, staffing, complaints and the governance and leadership of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

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 Care Act 2014.

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

Both days of the inspection were carried out by 2 inspectors.

Service and service type

Whitestone Lodge is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 no registered manager in post. There was a manager in post and they were in the process of applying to CQC to become the registered manager.

Notice of inspection

The first day of the inspection was unannounced and the second day was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also obtained information about the service from the local authority and local safeguarding teams. 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 visit

We spoke with 5 people who used the service and 1 family member about their experiences of the care provided. We spoke with the provider, manager, 7 care staff, a housekeeper, maintenance person and the cook.

We reviewed a range of records. This included 10 people's care records and a selection of people's medication records. We looked at recruitment records for 2 staff members employed. A variety of other records relating to the management of the service, including audits and checks were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm .

Assessing risk, safety monitoring and management Learning lessons when things go wrong

At our last inspection the provider had failed to ensure records relating to risk were in place, up-to-date and person-centred. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation.

- Risks to people's health, safety and welfare was not assessed, monitored, and managed.
- We found multiple examples of people with a diagnosis of a physical and/or mental health condition where a risk assessment had not been completed to identify the level of risk posed by the condition and how it needed to be managed to keep the person safe. This placed people at risk of avoidable harm.
- Records required to monitor known risks where either not in place or lacked information to ensure effective risk management. For example, daily checks had not taken place on the setting of an air flow mattress used by 1 person at risk of skin breakdown. Fluid intake records required for 2 people did not include the target amount of fluid intake the person needed to consume over a 24-hour period to minimise the risk of dehydration. In additional the total amount of fluid consumed had not been reviewed at the end of each day to ensure effective monitoring of the risk.
- The safety of the premises, utilities and equipment were not consistently monitored. Records were not consistently maintained to evidence the required safety checks on the environment, systems, and equipment. This included safety checks on fire alarms, emergency lighting and first aid equipment. Records which were maintained lacked information about the required frequency of checks and details of those who had completed them.
- The provider was legally responsible for ensuring an annual gas safety check was carried out by a suitably qualified person on gas equipment and appliances. The most recent gas safety check was carried out in July 2023; however, the previous check had expired more than 2 years ago.
- Personal emergency evacuation plans (PEEPs) were not always updated following a change in people's needs. For example, a person's PEEP had not been updated following a recent injury which impacted on their ability to mobilise independently. This placed the person at risk of not being safely evacuated in an emergency situation.
- Incidents including those potential for harm were not always recorded, investigated, and monitored. We found examples of incidents which had not been recorded in the incident log and others where the incident record lacked information about the action taken to remedy the situation, prevent further occurrences and lessons learnt.

The provider failed to assess, monitor, and mitigate the risks relating to the health, safety and welfare of service users. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Using medicines safely

- Medicines were not always managed safely.
- Records were not maintained to ensure the safe use of medicines prescribed to people to be given 'when required' known as PRN.
- There was no PRN protocol in place to guide staff on the safe use of a PRN medicine prescribed to 1 person for anxiety. A second person's medication administration record showed they were administered their PRN medicine daily on more than 1 occasion. However, the actual time the medicine was administered was not recorded to make sure it was given at safe intervals. A third person's PRN protocol had not been updated following a change made by the prescriber. PRN protocols were immediately updated after we raised our concerns with the manager.
- The manager's medication training expired in November 2022 and there were no plans in place to update their training. Despite this, they had completed medication competency assessments on staff with medicine management responsibilities.

The provider failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The systems and processes to safeguard people from the risk of abuse were not robust.
- Safeguarding training for 8 out of 22 staff was not updated at appropriate intervals to keep them up to date and enable them to recognise different types of abuse and the ways they can report concerns.
- Allegations of abuse were reported to the relevant agencies, however, there were no safeguarding records maintained at the service to show what action was taken to protect people from further risk of abuse.
- People told us they felt safe and were well treated. Their comments included, "I feel safe here and well cared for" and "They [staff] are very nice to me."

Staffing and recruitment

- Safe staffing and recruitment processes were followed.
- There were enough staff on duty to meet people's needs.
- Applicants underwent a series of pre-employment checks to assess their fitness and suitability before they were offered a job, including a check with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were not assured that the provider's infection prevention and control policy was up to date. A review of the provider's infection prevention and control policy was overdue by 3 months. We raised this with the provider.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- Visitors to the service were carried out in line with current government 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs and choices were not always assessed to ensure effective care planning.
- We found multiple examples where there were no records of an initial care needs assessment or care plan completed when people were admitted to the service.
- Assessment and care plan records for some people were not updated following a change in their needs. This included records for one person whose continence needs had changed, and another person where there was a change to mobility equipment.
- Care plans did not always guide staff on the care and support people needed. This increased the risk of people not being effectively supported with their healthcare needs.
- There was a lack of information about people's healthcare needs including chronic illnesses. This included guidance for staff on the possible signs and symptoms which may indicate a decline in a person's health and information about who and when to escalate concerns.
- There was a lack of information about the support people needed to eat and drink and maintain a healthy diet.
- People's weight and food and fluid intake was monitored where this was required. However, care plans and fluid monitoring records required for some people did not provide details of the target amount of fluid they needed to consume to minimise the risk of dehydration or other health complications.

The provider failed to ensure records in relation to people's care were complete and kept up to date. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were offered a choice of food and drink with their main meals and snacks were offered in between. People told us they got plenty to eat and drink and enjoyed the food. Their comments included, "I like the food" and "Plenty of food and drink."

Staff support: induction, training, skills and experience

- Staff did not receive the necessary training and support for their roles.
- We reviewed the training matrix and found a significant shortfall in the completion of training for all staff including topics of health and safety and topics specific to people's needs.

- A visiting healthcare professional told us they were not confident staff were appropriately trained to meet a person's mental health needs.
- Senior staff were carrying out monthly clinical observations on people including observations on their blood pressure, temperature, oxygen saturation levels, pulse rate and respiration. However, staff confirmed they had not received any training on how to carry out the observations or how to identify a deterioration in a person's health which may need escalating.
- Staff told us they felt well supported and we saw evidence of 1-1 supervisions taking place. However, they were not used as an opportunity to discuss and review training progress and training and development needs.

The provider failed to ensure staff received appropriate training for their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service was adapted to meet people's needs.
- The environment was decorated to a good standard throughout and there were aids and adaptations to help people with their mobility and independence. This included handrails and adapted bathrooms.
- There was a choice of communal areas for people to use, including 2 lounges, a dining room and conservatory. People also had the use of a furnished outdoor patio and garden area.
- Bedrooms were personalised with items of their choice such as people's own furniture, ornaments, photographs, and pictures.

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.

- Consent to care and treatment was obtained in line with the law and guidance.
- Where people did not have capacity to make decisions in an area of their life, decisions were made in their best interest in line with the MCA.
- DoLS authorisations were monitored and regularly reviewed to make sure they remained valid.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people were not always supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People were not always supported to express their views and make decisions about the care they received.
- There was a lack of involving people and relevant others such as family members in the development of care plans and care plan reviews. Opportunities were therefore missed for people and others of importance to discuss and agree their plans of care.
- Staff spoke with people throughout when providing them with care and support, for example, when assisting people to mobilise. They explained to people what they were doing and regularly checked on their comfort and wellbeing.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People's confidential information was not fully respected.
- Records of a personal nature that were no longer in use were not stored securely. Records including people's care plans and medical records were stored in an unlocked facility that could easily be accessed by others, placing people's confidentiality at risk.
- People told us staff were respectful of them when providing them with personal care and support. Their comments included, "They never rush me, say take your time" and "They [staff] are very patient and gentle."
- Staff interactions with people were kind and respectful. Staff greeted people and enquired about their comfort and wellbeing.
- People and family members complemented staff on their kind and caring approach. Their comments included, "Treat [relative] very well" and "All lovely."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns.

- The provider failed to put in place and operate an effective complaints procedure.
- The providers complaints procedure displayed at the service had not been reviewed since October 2015. The procedure lacked details about how complaints would be managed and details of other local bodies such as the Local Government and Social Care Ombudsman, should the complainant wish to escalate their complaint.
- The manager confirmed they had received several complaints but had not kept a record of them. Therefore, there was no evidence complaints received were acknowledged, investigated, responded to, and used to improve the quality of care.

The provider failed to establish and effectively operate a system for identifying, receiving, recording, handling, and responding to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care was not always planned in a personalised way to ensure people's needs and choices were met.
- Care plans had not always been developed to guide staff on how to meet people's needs. For example, there were no care plans for people with conditions such as anxiety, chronic obstructive pulmonary disease (COPD) and angina.
- Care was not always planned in a person-centred way. Care plans included a section with the heading 'Actions to be taken to achieve my desired outcome.' We were not assured with the authenticity of this information as we found multiple examples where actions recorded were the same generic statement recorded in different people's care plans.
- Although records evidenced regular care plan reviews, they did not always show the involvement of the person and/or and relevant others such as family members. Therefore, people were not always given the opportunity to discuss their care, make any changes and agree to their plan of care.
- There was no evidence to show people were given the opportunity to discuss their end of life wishes.

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 support to maintain important relationships and engage in meaningful activities.
- There was a member of staff employed to plan and facilitate activities for people. People were offered both one to one and group activities, including arts and craft and gentle exercises. Care staff also offered activities and arranged outings in the community for people.

- Family members and friends were welcomed and encouraged to share as much time as they wanted with their relative. A family member told us, "They always make me feel welcome and I can spend as much time as I like with [relative]."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- People's communication needs were understood.
- Staff communicated with people using effective methods. People were supported and encouraged to use equipment provided to them to aid their communication such as glasses and hearing aids.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure effective governance arrangements and failed to ensure systems were in place to formally engage with people, family members or staff. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The systems in place for assessing, monitoring and improving the quality and safety of the service were inadequate. Some of the failures we identified at the last inspection had not been addressed which led to continued breaches of regulation. In addition, new breaches of regulation were found which demonstrated further deterioration to the overall quality and safety of the service.
- Management arrangements were ineffective. There was no system for ensuring the manager received the appropriate supervision and support for their role. The manager had not received a formal supervision since they were appointed in May 2022. The manager acknowledged they were finding it difficult to fulfil their role due to the lack of managerial support.
- The provider lacked understanding of their role and regulatory responsibilities. They lacked the skills and knowledge to ensure robust oversight of the service and to ensure regulatory requirements were met. For example, they failed to provide the Care Quality Commission with an action plan detailing how and when they would make the required improvements following breaches of regulations found at the last inspection.
- There was no clear governance framework in place to identify and mitigate the risks relating to the health, safety and welfare of people found during this inspection. This placed people at risk of avoidable harm.
- Records relating to people's care and the management of the service were not adequately maintained or kept secure. We found it difficult to access and navigate records requested during the inspection due to them being disorganised and difficult to locate.
- Learning had not taken place which resulted in a significant decline in the quality of the service people received.

The provider failed to operate effective systems for checking and improving the quality and safety of the service and they failed to ensure records were maintained, kept secure, accurate, complete, and kept up to

date. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 did not always plan, promote, or ensure people received person centred care which placed them at risk of receiving poor outcomes.
- The provider did not always act in an open and transparent way. Incidents were not always investigated and therefore information was not always shared with relevant people.
- Complaints about the quality of care were not listened to or acted upon.
- The provider and registered manager failed to share the required information with CQC following the last inspection.

The provider failed to evaluate and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a lack of engaging and involving people in decisions about their care.
- Care plans were developed and reviewed without the involvement of people and/or family members.
- External health and social care professionals were consulted however, there were missed opportunities to make referrals for people when they experienced a decline in their physical and mental health.

The provider failed to operate effective systems to seek and act on feedback from people and relevant other persons for the purpose of improving the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the safe management of medicines.
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider failed to establish and effectively operate a system for identifying, receiving, recording, handling, and responding to complaints.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff received appropriate training for their role.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective systems for checking and improving the quality and safety of the service and they failed to ensure records were maintained, kept secure, accurate, complete, and kept up to date.

The enforcement action we took:

Issued a warning notice.