

Whitehall Care Limited

# Whitehall Lodge Residential Home

## Inspection report

56-112 Whitehall Road  
Norwich  
Norfolk  
NR2 3EW

Tel: 01603618332

Date of inspection visit:  
05 March 2019

Date of publication:  
10 May 2019

## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Whitehall Lodge is a care home service. It is registered to provide personal and nursing care to people for up to 29 people aged over 65 and adults under 65. At the time of our inspection 24 people were living in the service.

People's experience of using this service:

People's mental capacity was not assessed in line with current guidance and legislation.

However, staff involved people in decisions about their care and treatment and sought permission from people before care and treatment was given.

There were systems in place to monitor and assess the quality of service being delivered but there was no regular schedule for these checks. The provider had minimal oversight of the service.

People felt safe and staff understood how to safeguard people from abuse.

Individual risks to people and environmental risks had been identified and managed.

Staff were safely recruited and received ongoing support and training to carry out their role.

People's medicines were managed safely.

Opportunities were available for people to engage with their local community and take part in activities in the home.

People were cared for in a way that promoted their independence and respected their privacy and dignity.

People's care was planned according to their individual needs and preferences.

People's views and opinions were sought to improve the quality of the service.

More information is in the full report.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 relating to need for consent. Details of the action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Requires improvement (report published in January 2018)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to inspect as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

Good 

### 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 caring

Details are in our Caring findings below.

Good 

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement 

# Whitehall Lodge Residential Home

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert-by-experience had experience of caring for older people and people living with dementia.

#### Service and service type:

Whitehall 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. Whitehall Lodge can accommodate up to 29 people, 24 people were living in the service at the time of our inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before the inspection we reviewed the information that we held about the service and registered provider. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and include significant events such as accidents, injuries and safeguarding notifications.

During the inspection we looked at three people's care files, three staff recruitment files and a range of documents relating to the day to day running of the service. We also spoke with nine people who lived in the service, one relative, one health professional, the registered manager, two members of staff and the activities coordinator.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection on 26 January 2018 we rated this key question as requires improvement. This was because we identified concerns relating to fire safety. We also found individual risks to people's health and wellbeing had not been identified and planned for and the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had been taken and the provider was no longer in breach of this regulation.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes, I just do [feel safe]."
- Contact details of the local safeguarding team were displayed on the noticeboard in the main entrance.
- Staff had a good understanding of safeguarding and knew how to report any concerns of abuse. Staff had also completed training in safeguarding.
- There had been no safeguarding concerns since our last inspection but the registered manager understood their responsibilities relating to protecting people from abuse.

Assessing risk, safety monitoring and management

- Individual risks to people had been identified. Detailed risk assessments were in place to guide staff about how to keep people safe.
- Environmental risks had been assessed and plans were in place to minimise known risks.
- Each person had an emergency plan in place which showed what support they needed in the event they had to evacuate the building.
- The environment and equipment was maintained to ensure the safety of people. The registered manager had a maintenance schedule in place so they knew when checks of equipment, gas supply and electrical items were due.

Staffing and recruitment

- Staff files showed that appropriate background checks had been completed before staff started their employment. These included a satisfactory check from the Disclosure and Barring Service and employment references.
- Staff rotas showed there were more staff working at busier times of the day such as mornings. We saw there were always staff in communal areas of the home and were easily accessible should people need them.
- We received mixed views regarding levels of staffing. People told us, "There are not always enough staff," and "There must be enough staff, you always get help." A third person said, "Yes, [there are enough staff around], I just ring that buzzer. Sometimes they are quick, sometimes not. 10 minutes is really unusual."

### Using medicines safely

- People told us their medicines were managed well. People told us, "There are organised times for giving medication" and "[My medicines] never run out. If you want a painkiller staff would give them."
- Medicines were stored securely and checks of people's medicines records showed people were given their medicines as prescribed.
- Staff were regularly observed administering medicines and their knowledge in this area was also checked.
- Monthly audits of all the medicines were undertaken to ensure they were managed, stored and administered safely.

### Preventing and controlling infection

- Measures were in place to prevent and control the spread of infection. We observed staff wearing the correct personal protective clothing when required.
- The home was visibly clean throughout and there were designated cleaning staff. Cleaning schedules were in place which ensured all areas of the home were cleaned on a regular basis.

### Learning lessons when things go wrong

- Accidents and incidents were recorded in detail and follow up checks on people took place to ensure their health and wellbeing.
- The registered manager analysed accidents and incidents to identify any patterns or trends. They would then send their findings to the provider.



# 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

RI:  The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity had not been assessed to determine what decisions they could and could not make for themselves. One person was under a DoLS but there was no mental capacity assessment in their care file.
- A letter in one person's care file stated they did not have the capacity to manage their own finances. There was no further information about what support they received in relation to this matter.
- We received different responses from staff when we asked how many people did not have the capacity to make decisions about their care and treatment.

These findings meant the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- People told us they were offered choices about how their care is delivered. One person said, "[Do I get] choice, absolutely, of when to get up." Another person commented, "They do say 'do you want your breakfast or wash first this morning'."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a clear and detailed assessment process in place and the registered manager met with people to assess their care needs before it was decided if their needs could be met at the home.
- A personal history of each person was completed and was available in their care file.
- The registered manager told us they had signed up for a number of e-mails so they could receive updates on current practice. We saw information about best practice guidance was available to staff.

Staff support: induction, training, skills and experience

- Staff participated in an ongoing programme of training with training sessions scheduled every month. Staff told us they received training relevant to their role and training records showed staff completed their training.
- An induction schedule was in place for new staff to complete before they worked without direct supervision.
- Staff attended regular supervision meetings with the registered manager. These took the form of one to one meetings or group sessions.

Supporting people to eat and drink enough to maintain a balanced diet

- People were positive about the food. They said, "There's always a choice. It's hot and there's plenty of food." and "They are prepared to vary the food if you don't like the choice."
- People's dietary needs were detailed in their care records and this included information to show if people required their food to be fortified or prepared in a way which was easier to eat.
- People's weight was monitored regularly and staff used the malnutrition screening tool to identify people who were at risk of losing weight.
- Records showed referrals to specialists such as the speech and language therapy team were made where any nutritional risk had been identified.
- Staff supported some people with their meals and we observed staff supporting people in a kind and patient manner.
- People were served a range of drinks and cake which were nicely presented on a cake stand to give people the experience of afternoon tea. There was a bowl of fresh fruit in the lounge that people could help themselves to.

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

- People told us they could see a doctor when they requested. One person told us they had also received visits from the dentist and the optician.
- Records showed referrals were made to the relevant healthcare professionals where there were concerns about a person's health or wellbeing.
- Some people received ongoing support from healthcare professionals such as physiotherapists and occupation therapists.

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

- People's rooms were personalised with their own belongings.
- People were involved in deciding on new items for the home. The registered manager told us they had taken samples of tablecloths round to people so they could choose which one they preferred.
- Communal areas were tidy and kept free from trip hazards. Our observations showed that people were able to move about with ease.
- The garden was unkempt. The registered manager told us the home was undergoing a period of refurbishment.

# 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

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the care they received. They said, "The staff are really good to me. They know me and seem well trained" and "It's amazing how quickly they get to know us."
- The service worked in line with the Equality Act 2010. Staff understood equality and what this meant in terms of meeting people's diverse needs.
- Staff spoke about people in a positive and respectful way.
- We saw staff responding to one person in distress in a calm and empathic way, giving the person time to talk.
- Some staff were learning sign language so they could improve their communication with one person who used this as their main way of communicating.
- Staff made the most of opportunities to engage with people, our observations showed staff conversing with people when supporting them with their meals and when helping people to mobilise around the home.

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

- People told us they were involved in making decisions about their care and treatment. One person told us how staff took time to know their preferences. They liked particular foods and their meal to be served in a particular way. We saw staff had respected their requests.
- People's relatives were involved their care. One person's relative said, "The manager is very good at communicating; she sends texts or calls."
- One person told us staff always asked for permission before any care and treatment was given. Our observations confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them in a respectful way which upheld their dignity and privacy, "Staff always knock on the door and wait for you to say, 'come in'" and "They respect your dignity...The door is shut and curtains closed, they never miss."
- People were supported to maintain their independence. Some people had walking aids so they could mobilise independently. We observed staff walking with some people, they provided gentle and patient encouragement.

# Is the service responsive?

## Our findings

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

Good:  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

- People were supported by staff who had a good understanding of their care needs and preferences regarding their care and treatment.
- People's care records would benefit from more detail, especially around their mental health needs. For example, there was no information to detail what behaviours a person might display if they became unwell.
- Other areas of people's care records included more detail such as detailing what drink people liked to have to take their medicines with.
- An activities coordinator facilitated a range of activities. They said they asked people what their interests were and tailored the activities programme to people's preferences.
- We observed people, staff and the registered manager having a pancake tossing competition. We observed people were laughing and enjoying the activity. We also saw a number of people having a game of bingo, the conversation was plentiful between the activity coordinator and the people involved.
- People's relatives and friends were welcome to visit without restriction and there was an area with sofas and drink making facilities for visitors to help themselves to.
- People engaged in activities within their local community. A Church service is held in the home and people are supported to visit the local dementia café. The home was involved in a scheme called 'Little Visitors' and children would visit people in the home and play games with people.

Improving care quality in response to complaints or concerns

- People we spoke with knew who they would make a complaint to, "I would talk to the nearest [staff member] if I had a concern. I ask the next person I see and they'll get someone to talk to me if necessary. They are very understanding" and "[Staff member] looks into everything. She would sort it out. If she can't do it, nobody can."
- There were systems in place for people to raise concerns or make complaints. The registered manager had a 'minor grumbles' book they logged any concerns in. They said this was an effective way of dealing with concerns as and when they came up. There had been no formal complaints since our last inspection.
- A copy of the complaints procedure was displayed on a noticeboard in the main entrance.

End of life care and support

- People's end of life wishes were documented in their care records. This included details about any religious or spiritual needs.

## 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

RI:  Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection on 26 January 2018 we rated this key question as requires improvement. This was because the provider did not have sufficient oversight of the service in terms of people's experiences and risks associated with the building, and the assessed needs of people using the service. Staff had not been trained to use equipment which might impact on people's safety. As a result, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had been taken and the provider was no longer in breach of this regulation. However further improvements were still needed.

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

- The registered manager undertook a range of audits in relation to the day to day running of the service. However, these were not always carried out at regular intervals.
- Audits of people's care plans did not identify that people's capacity had not been assessed.
- Action plans resulting from the audits were not sufficiently detailed and did not show what action had been taken to rectify issues.
- The provider did not carry out any audits, therefore did not have an oversight of the service.
- Where concerns had been identified, remedial action was taken in a timely manner.
- There was a clear leadership structure in place and staff understood their roles and responsibilities.
- The registered manager understood their responsibilities in relation to reporting notifiable events to the CQC.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives were positive about the way the service was run, "[Registered manager], she's lovely. She does her job well, pops in [to see me] when she can" and "We're very happy with the home. We really work together, there is trust and open communication. It's well led, very much so."
- Staff enjoyed their work and told us morale within the staff team was good.
- Staff felt supported in their work, "[Registered manager] will get anything we need" and "I can't praise the home enough."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to gather people's views and opinions on the service. There was a suggestions box in the main entrance hall and feedback surveys were given to people to complete. We saw the responses from these were positive.
- There were regular meetings for people who lived in the service to discuss a range of issues including activities and any concerns they had.
- Staff had regular meetings and minutes of these showed staff were updated on any changes to the service and people's care needs along with any other agenda items.

#### Continuous learning and improving care

- People's feedback was listened to and acted upon. The registered manager told us they had purchased aprons for staff to wear when they were serving afternoon drinks and cake as people said they would like to feel they were being served "proper afternoon tea".
- The registered manager told us they were going to introduce meal time experience observations so they could see where they could improve this for people.

#### Working in partnership with others

- The registered manager told us they worked closely with the local authority and the infection and prevention of control team to improve the service.
- The service had good links with local services such as the Church and the local dementia café.

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 11 HSCA RA Regulations 2014 Need for consent  Mental capacity assessments had not been carried out and staff were not familiar with people's individual needs in relation to their mental capacity.  Regulation 11 (1)