Care UK Community Partnerships Limited

Whitefarm Lodge

Inspection Report

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Summary of findings

Overall summary

Whitefarm Lodge provides accommodation for up to 60 people who require nursing or personal care and support over three floors. When we visited, 46 people were living in the home as part of the ground floor was being refurbished.

On the day of the inspection people told us they felt safe and well cared for in the home and our observations confirmed this.

People said they were able to make choices in their daily life. For example we saw people received the support they needed at lunch time and they were encouraged to make choices about what they ate and drank. People also told us they were able to choose their daily routines and which activities they joined in with.

The care staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

The home's registered manager had been in post for more than 10 years, provided good leadership and supported staff to fulfil their roles.

We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People were safe in the home because staff treated people with dignity and respect. People's religious and cultural needs were identified and respected, thus protecting them from discrimination.

Overall medicines were being well managed at the service. People received the medicines they needed and these were managed in their best interests.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards.

We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards.

Are services effective?

People's received effective care and support because their health and social care needs were assessed and they told us staff understood and provided the care and support they needed. People were involved in making decisions about their care wherever possible. If people could not contribute to their care plan, staff worked with their relatives and other professionals to identify the care they needed. Staff made sure the plans were reviewed monthly or more regularly if a person's needs changed.

We saw people's care plans also included consideration of equality and diversity issues. This meant people's individual needs and preferences were recognised.

People's nutritional needs were assessed and recorded and records were maintained to show people were protected from risks associated with nutrition and hydration.

Are services caring?

People living in the home told us staff were kind and caring. They also told us they were offered choices and staff knew about their preferences and daily routines.

Relatives and visitors told us they felt people were well cared for and staff treated people with respect.

Staff told us their training had included issues of dignity and respect and they were able to tell us how they included this in their work with people.

Summary of findings

Are services responsive to people's needs?

People told us they enjoyed the activities provided in the home. The home employed activities co-ordinators to provide activities seven days a week and they told us they worked well with care staff to support people to take part in individual or group activities.

Where people were not able to make decisions about their care, staff worked with their relatives and other professionals to make sure 'best interest decisions' were agreed. Staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. When we visited we saw arrangements were in place to carry out an assessment of people's capacity to make specific decisions, if this was necessary.

Are services well-led?

The manager had been in post for 10 years, held the Registered Manager's Award qualification and was registered with the Care Quality Commission. He communicated effectively with and about people using the service, demonstrating a good knowledge of each person we spoke about. He had good leadership skills and staff and visitors said the manager was approachable and supportive.

The provider had systems in place to monitor standards of care provided in the home, including systems to monitor people's health care, including accidents, falls and pressure care.

Summary of findings

What people who use the service and those that matter to them say

During the inspection we spoke with 21 people living in the home, two visitors, the registered manager and 14 members of staff. Following the inspection we spoke with two health / social care professionals who visited the service.

People told us they felt safe and well cared for in the home. They said staff knew and understood their care and support needs and respected their privacy and dignity. People told us they were supported to remain independent and they enjoyed the daily activities provided in the home. Their comments included "they look after me very well. If there is anything wrong they get the doctor. I have my eyes tested here and get my chiropody done" and "they care for you. The staff are good, caring staff. I trust everybody here. They're a good crowd."

Visitors we spoke with also expressed their satisfaction with the service. Their comments included, "This place is outstanding. It is not a job to staff, it is a vocation" and "it's a very good home, I am very happy with the standards of care."

Whitefarm Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection we reviewed information we held about the home. Prior to this visit the service was last inspected by the Care Quality Commission in July 2013 and at the time was meeting all national standards covered during the inspection.

We visited the home on 01 May 2014. The inspection team consisted of a Lead Inspector, a second Inspector and an Expert by Experience who had experience of services for older people.

We spent time talking with people living in the home, their relatives, visitors, the manager, nurses and care staff. We observed care in the dining room at lunchtime and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us. We looked at all communal parts of the home and some people's bedroom, with their agreement. We also looked at people's care records and records relating to the management of the home.

The Inspectors and expert by experience carried out a tour of the service accompanied by the registered manager. The Inspectors viewed a variety of records including care records, servicing and maintenance records, medicine administration record charts, staff training and supervision records and policy and procedure documents. The lead Inspector observed part of the lunchtime experience for people, interaction between people using the service and staff and also spoke with staff. The expert by experience spoke with people using the service, visitors and staff and observed interaction between staff and people using the service.

Are services safe?

Our findings

People we spoke with told us they felt safe in the home. One person told us "you feel free here. That means a lot. You wouldn't think it was a residential home really." A second person said "there's still a lot I can do for myself, but I'm not as safe as I used to be so it's good the staff are here to help me."

We contacted officers from the local authority responsible for funding placements in the home and they told us "in our experience Whitefarm Lodge is a well managed service and we have no concerns about the standard of care and support provided there. During the past 12 months we have received positive feedback from residents and their relatives, and our Peer Review Project, run by Age UK, has also gathered good feedback from their consultations with residents."

We saw staff spoke with and cared for people in a gentle and professional manner, respecting their privacy and dignity. Staff we asked said they felt the people using the service were kept safe at the home and their independence was respected. They were clear to report any concerns to the manager and understood the provider's safeguarding and whistleblowing procedures. Staff also knew they could contact the local authority if necessary. We saw whistleblowing procedures were on display on noticeboards throughout the service and staff said information was also available in the staff room. This meant the service was open and transparent and encouraged staff to report any concerns.

Nurses and care staff we spoke with told us there were enough staff to meet people's needs safely. One member of staff said "if a care plan says someone needs help from two staff that's what we do." Another person said "there are enough staff most days. It can be busy but we are a good team." During the inspection we saw there were enough staff to support people in communal areas and their bedrooms. We did not see people having to wait for staff when they needed help. At lunchtime, there were enough staff available in the second floor dining room to serve people and support those who needed assistance.

We looked at care records for six people living in the home and saw risk assessments were completed when required. The risk assessments we saw covered falls; moving and handling; pressure area care and nutrition. Where risks were identified, plans were in place so staff were given clear guidance about how these should be managed. We saw the risk assessments were reviewed by staff at least monthly and more frequently when required. Staff told us if there were changes in a person's care needs they would report to the nurse in charge and a risk assessment would be reviewed or completed. For example, staff told us this would happen if a person's behaviour changed or if they had a weight loss or gain. This meant people's conditions were being monitored and care reviewed when there were changes.

We viewed the medicines management for the service. An information sheet was available for each person using the service and this included their name and photograph, the general practitioner (GP) and any known allergies. We spoke with staff who told us they could not be involved with medicines administration unless they had undertaken medicines management training, so they had the knowledge they needed to do this. On the nursing floor only the registered nurses administered medicines. Medicines policies were in place and were up to date, so staff had current information regarding medicines management.

The majority of medicines were supplied in 28 day monitored dosage system blister packs, with some medicines supplied in their original boxes and bottles. We sampled the medicines administration records (MARs) and these had been completed, were up to date and where medicines had been omitted a coding had been used to identify the reason for omission. Explanations of the codings used were recorded on the MARs and also on documents on each floor, so staff were aware. We audited the stock balances of 18 blister packs and these were correct and tallied with the number signed for as having been administered. We did the same for 13 boxed medicines, 10 of which tallied with the number signed for as having been administered and three of which did not, with a discrepancy of one tablet for each. This was discussed with the manager and the senior staff who said they would investigate the discrepancies and ensure the individual daily audits for boxed medicines were being accurately carried out. Medicines audits were scheduled weekly on each unit, however on the floor with the discrepancies there had not been a medicines audit carried out since the start of the 28 day cycle. We found these had been carried out weekly on the other two floors, which

Are services safe?

demonstrated the effectiveness of regular auditing. The dispensing pharmacist carried out a six monthly medicines audit and we viewed one and saw they had not identified any concerns at their last visit.

If people wished to self-medicate, they were assessed to see if they were able to manage and the GP was also involved. A record was made and a weekly stock check carried out. This meant people were encouraged to maintain their independence with medicines whilst being supported by staff to do so. If someone was non-compliant with their medicines, this was assessed, a care plan put in place and an agreement for the administration of covert medicines signed by the GP, next of kin, manager and dispensing pharmacist. This ensured people's medicines were being managed in their best interests.

Controlled drugs were stored securely and correct procedures were being followed for their administration and recording. Where there were specific instructions regarding the time and / or method of administration of a medicine, instructions were on a care plan which was kept with the MARs so staff were aware and could ensure medicines were safely administered. Daily temperature checks of the medicines fridges and storage rooms were carried out and recorded, and these were all within the recognised temperatures for safe storage of medicines. Secure storage arrangements were in place, so medicines were being safely stored. Systems were in place for the disposal of medicines and this was carried out in line with current legislation and guidance, to ensure medicines were disposed of safely.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards.

While no applications had been submitted, proper policies and procedures were in place. Relevant staff have been trained to understand when an application should be made, and in how to submit one. People's rights in relation to their freedom were therefore properly recognised, respected and promoted.

Are services effective?

(for example, treatment is effective)

Our findings

People we spoke with or their relatives told us they were involved in planning and reviewing the care and support people received. This was confirmed by the care records we looked at. A relative told us "we were involved and asked what help my [relative] needed." A second relative said "the staff know to tell us if there are any changes or things we need to know about."

We saw a notice board on each floor full of information likely to be of interest to people and their relatives / friends. Postings were up to date and related to future special events, regular activities available, complaints procedures, a report on the home by local Age UK group and the minutes of the last meeting with people using the service held in November 2013.

The care plans we looked at included an assessment of each person's health and social care needs, life history and hobbies and interests. Staff told us the information was used to develop an individual care plan and risk assessments. Where a care or support need was identified, we saw clear guidance was provided for staff on how the person should be supported. We saw the plans and assessments had all been reviewed at least monthly by staff and we also saw evidence people living in the home and their relatives had been involved in these reviews. This meant nursing and care staff had up to date information about each person's care needs and how these should be met in the home.

Care plans also took account of people's diverse needs. The care plans we saw took account of people's ethnicity, gender, disability, religion or belief, sexual orientation and age. Where specific needs were identified the provider made adjustments to make sure these were met. For example, menus were tailored to include choices to meet people's religious or cultural needs.

People told us they could talk to staff about their care and those we asked said they were supported to use health care services when they needed to. One person said "they look after me very well. If there is anything wrong they get the doctor. I have my eyes tested here and get my chiropody done." A second person told us "they help me with my tablets and I can see the doctor whenever I want." We saw people's care plans included information about visits by the GP or other clinicians and hospital or clinic appointments. The nursing and care staff we spoke with were also able to tell us about people's health care needs and how these were met in the home.

Lunch was served in dining rooms on each of the home's three floors. We observed lunch on the second floor where some people needed assistance with eating and drinking. Six staff were available to support 16 people and we saw there were enough staff to individually support those people who needed assistance to eat and drink. Where people needed assistance from staff with their meal this was done with respect, patience and good humour. Staff offered people a choice of drinks, including water and juice. There were choices of main course and dessert and people were encouraged and allowed time to make their own choices. Where needed, people had the use of adapted plates and cutlery to assist them to be able to eat independently.

The dining experience on the ground floor was also observed. There were five people who all ate independently seated at two tables and one member of staff serving, clearing and washing up. The experience was good for all until one person became restless. The member of staff continued with the washing up and although they offered reassurances from a distance, this did not calm the person. Therefore attention was being focussed on carrying out a task rather than towards the person who required support.

Are services caring?

Our findings

People told us they felt well cared for in the home. Their comments included "I can't fault it. The care is very good" and "they care for you. The staff are good, caring staff. I trust everybody here. They're a good crowd." Other people told us "I watch the news in my room or the lounge so I know what's going on;" "I can get up when I like and go to bed when I like. Sometimes I nap in the afternoon" and "I get on very well with [the staff]. I don't know how they can tolerate working here; not everyone's as bright as me. They're lovely, all nice people. I was having a bit of a laugh with one of them just now."

One relative who had been present in the home at various times throughout the day and night told us the care the staff gave to their relative was "consistently good."

We asked staff what they considered to be the most important things when supporting people and they said treating people as individuals, listening to them and respecting their choices. We observed staff on the first floor sitting with people and supporting them with their lunches. This was done in a gentle, unhurried manner, and staff listened to people and communicated with them effectively. People confirmed they had a choice and could ask for and be provided with an alternative meal if they did not want the two options on offer. We heard a member of staff enquiring if people had finished their meal and referred to those on the table as 'ladies and gentlemen', and being very polite in their approach. One person told us "I usually have breakfast early with my friend. I like to have Weetabix and tea."

We saw two people had small keys about them. They told us these were for a lockable drawer in their room where they could keep things safely. One of them later showed us their room and the drawer. The room was filled with books; piled high on all the shelves and the floor. The person said this was their library and they liked to have them around.

The care plans we looked at showed people were encouraged and supported to maintain their independence. For example, all of the care plans we looked at emphasised what people could do for themselves and what support they needed to maintain their independence. People's care plans often stressed the importance of offering choices to people about what to wear, what to eat, whether or not to take part in activities and what time to go to bed. During the inspection we saw staff offered people choices about activities and what to eat. Staff waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices available from the menu and gave them the opportunity and time to make a decision. We also saw staff respected the decisions people made.

Through the day we saw staff treated people with patience and understanding and always spoke with them in a respectful way. Staff were able to tell us each person's preferred form of address and how some people preferred staff to use Mr or Mrs while others preferred their first name to be used. We also saw staff respected people's dignity by knocking on doors before entering rooms and closing doors when supporting them with their personal care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People told us they enjoyed the activities provided in the home. Their comments included "I have not been so depressed since this new activities lady came. She's got the time to listen to you for ages and gives you kisses and cuddles." "There's a nice lady who organises activities. Sometimes I give a singing concert. We also have discussion groups and we play 'Countdown'." "We have two activities ladies ongoing. I like the yoga exercises we do."

We saw there was an activities programme on display with something planned each day. The home had two activities coordinators, both of whom worked a five day week and between them they covered all seven days, so activities were available every day. We spoke with one of them who explained she had been working with people to complete life history questionnaires and these provided valuable information about the person, their past and their interests. This information helped in the planning of activities specific to the interests of individuals. Group activities such as armchair exercises, armchair yoga, reminiscence, drama therapy and poetry and short story writing were in place. For people who preferred to stay in their rooms, one to one visits were carried out by the activities coordinators, to include them in individual activities and ensure they did not become isolated. The activities coordinator said staff worked well together as a team and assist with facilitating activities.

We saw the activity co-ordinator as she worked around the home during the time we were there. She was enthusiastic about her job and knowledgeable about the people who used the service. We saw her spending time one-to-one with people and also facilitating a game in a sitting room with an inflatable ball. One person in a wheelchair who appeared to have little use of his arms was able to head the ball back to her deftly and accurately. She explained he had been a football player when he was younger.

We also spoke with a person who told us they were able to use the Art Room whenever they liked. They showed us a portrait they had painted of a friend which was hanging in the corridor. Another person told us they liked to go to church on Sundays and one of the other congregation members would collect and bring them back safely to the Home.

People were supported to maintain contact with relatives and friends. Visiting was encouraged and relatives told us they could visit at any time and were made welcome at the service.The manager told us that particularly on the top floor many relatives visited almost daily. One family member had even stayed at the home the previous Christmas as they had been able to accommodate them. They had no double rooms for couples but their experience was that often couples preferred to have their own rooms to sleep in and perhaps eat and spend time with their partner as convenient during the day.

We spent some time observing interactions between staff and people living on the second floor dementia care unit. There were nine people in the sitting area and one carer who was actively engaging with them. She was chatting and giving people hand massages. The atmosphere was calm and relaxed. She introduced us to one or two people who were able to talk with us. One said "we can't grumble here for food." A second person told us "the assistance they want to give you is overwhelming. They care. They want to help. I get on with the staff very well. I am very pleased with all I've got here."

The manager and senior staff told us they had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff we spoke with told us if a person did not have the capacity to make decisions for themselves, the GP and local authority would be informed and where necessary best interest assessments would be carried out, to make sure decisions being made on people's behalf were always done in their best interests. We saw leaflets for the Richmond Advocacy Service were available in the home so people and their representatives could access advocacy services if they wished. We spoke with one carer and asked her about her understanding of the Mental Capacity Act. She said she had received training about the Act last year and felt she understood individual people's needs around support in making decisions.

Are services well-led?

Our findings

The manager told us the provider's brand was "Fulfilling Lives" and this was covered in the induction training completed by all new staff. Staff learnt about dignity, choice, respect and person-centred care. The staff we spoke with understood these principles of care and were able to tell us how they implemented them in their work with people each day.

The manager had been in post for over 10 years, since the home opened on its present site in 2004. He holds the Registered Manager's Award qualification and is registered with the Care Quality Commission. People living in the home told us "the manager doesn't miss a trick. He knows us. He knows everybody. He's so kind" and "we have lots of meetings with the manager."

Staff and visitors told us the manager was supportive and regularly visited each of the floors, so he knew what was going on in the home each day. A visitor told us "the manager is excellent, he leads by example and the staff know that." Staff said the manager would also work alongside them and would turn his hand to any jobs within the home, supporting them and working as part of the team. One member of staff told us the manager was supportive and if a person needed to be accompanied somewhere outside the home he would arrange for extra staff to cover.

Local authority officers we contacted told us "the Manager has positive working relationships with a wide range of our social care staff and managers, and has a "can do" approach, endeavouring to find creative solutions when there are complex issues to resolve."

Staff confirmed they had undertaken training in a variety of topics including health and safety, infection control, safeguarding, moving and handling, food hygiene and medicines management and they kept their training up to date. This was confirmed by the training records we saw. One staff member said they were due to undertake training in dementia care and challenging behaviour in the near future. This meant that staff were provided with training to provide them with the knowledge and skills to care for people effectively.

We saw accidents and incidents were well recorded and reported to the provider under their monitoring systems. The manager told us all reports were analysed by the provider and, if required, additional support would be provided to resolve any issues identified. This could involve additional visits and audits or training for staff on service specific issues that had been identified.

The manager told us quarterly quality assurance meetings were held with the local authority and the local Clinical Commissioning Group (CCG) so people could benefit from a more joined-up service. The CCG had also carried out a project where a GP and nurse visited local care homes to interview people living in the home and staff. As a result, the project had identified a lack of support from nutritionists and the CCG was recruiting additional staff to increase this support to care homes.

The manager also told us the provider planned to introduce a new system for quality assurance visits, based on the five questions the Care Quality Commission asked about services. Prior to the introduction of the new system, two quality assurance visits were made to the home by the provider each year. One of these visits was unannounced. In addition, internal audits were carried out in the home covering health and safety, infection control and medicines. The home had an inspection by the fire service in February 2014. The manager told us all issues identified by these audits had been addressed and this was confirmed by the records we saw during the inspection.