

White Cliffs Lodge Limited

White Cliffs Lodge

Inspection report

Primrose Road
Dover
Kent
CT17 0JA

Tel: 01304219213

Date of inspection visit:
17 December 2018
19 December 2018

Date of publication:
25 January 2019

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

This comprehensive inspection took place on 17 and 19 December 2018 and was unannounced.

White Cliffs Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. White Cliffs Lodge is privately owned service providing care for up to 15 people. The accommodation comprises of two adjacent buildings. In one of the buildings there are six purpose built self-contained flats and in the other building there is accommodation for six people. At the time of the inspection there were 13 people living at White Cliffs Lodge.

At our last inspection 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. The service continues to be rated Good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The service ethos is to enable people with learning disabilities and autism to live as ordinary a life as any citizen.

People and relatives praised the staff and management of White Cliffs Lodge and staff felt supported and valued by the registered and deputy managers. 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 and associated Regulations about how the service is run.

The atmosphere at White Cliffs Lodge was warm and friendly. People and staff interacted with kindness and respect and people living at White Cliffs Lodge were supported to live full and enriching lives as much as possible. There was an inclusive, supportive and homely culture that reflected the providers visions and values. It was clear that staff knew people well and had the appropriate knowledge and training to keep people safe. Positive risk taking was encouraged to ensure people could maintain skills and experience new things. We saw people engaged and enthused taking part in activities of their choosing at White Cliffs Lodge.

There continued to be enough staff to support people. Staff continued to have the training and support to provide people with high quality care that responded and adapted to people's changing needs. Staff had a good working relationship with associated professionals, so people received care and support from professionals as and when they required it. Relatives told us that they were kept informed of changes in people's physical and emotional health.

Medicines continued to be managed safely and daily checks ensured that any shortfalls were quickly identified and resolved. The clean and well-maintained premises continued to meet the needs of people. Peoples accommodation promoted their independence and were decorated in a way that reflected their individual personalities. Staff knew how to protect people against the spread of infection.

Care continued to be guided by developments in best practise. The provider attended a variety of forums and developments were passed down to management and discussed in team meetings and through training sessions. Care plans were person centred and thorough and were written with people, in a way that was meaningful to people. Peoples communication needs were assessed and staff used different methods to enable people to communicate their views and choices in their own way, through communication aids, signs and through discussions and reviews.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff worked with people and their relatives to ensure that care plans and support reflected their care needs. The management were in the process of finding out peoples end of life preferences.

The registered manager sought feedback from people using the service, staff, relatives and health professionals and an accessible complaints procedure was available. Complaints, compliments, accidents and incidents were recorded, and these were collected and analysed by both the registered manager and the provider to identify patterns and if lessons could be learnt.

People's information was kept securely in the office and staff were respected people's privacy, dignity and confidentiality. The previous CQC rating of 'Good' was displayed on the provider's website and in the hallway for people to see.

Further information is in the detailed findings below.

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.

White Cliffs 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 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.

This comprehensive inspection took place on 17 and 19 December 2018 and was unannounced.

One inspector carried out the inspection.

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We also looked at information sent to us by the registered manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at a variety of different sources of information relating to people, such as; care and support plans, activity plans and risk assessments. In addition, we looked at; surveys, staff rotas, training records, recruitment files, medicine administration records, complaints and accident logs. We asked the deputy manager to send us some documentation via email after the inspection. These were received on the days following the inspection.

During the inspection we spoke with five people and observed interaction between staff and people. We spoke with four members of staff and liaised with the registered and deputy manager throughout the inspection. We also sought feedback from the relatives of people living at White Cliffs, we were sent one response which we have included within the report.

Is the service safe?

Our findings

People living at White Cliffs Lodge continued to be safe. A person told us; "I feel safe and happy living here because of the staff." I asked another person why they liked it at White Cliffs Lodge and he pointed at staff and smiled. Staff knew people well and knew the signs and symptoms to look out for which might indicate abuse. Staff told us that they would report any concerns to the management and trusted that they would investigate concerns promptly and efficiently. There was a safeguarding and whistleblowing policy which staff could tell us about.

People were protected from harm. Any risks to people were identified and mitigated against. For example, risks related to community safety, pressure sores and choking had been assessed and staff were knowledgeable of how to minimise these risks to people. Staff also encouraged people to take positive risks to ensure people live an enriching and independent life, as far as possible. Staff promoted new activities and opportunities. For example, people were supported to go on holiday. We saw pictures of people on recent holidays, smiling on boat rides and whilst sitting in hot tubs.

The registered manager and staff carried out checks to ensure the environment and equipment used by people were safe. Health and safety checks were carried out, as well as fire safety checks and drills. Staff were aware of people's 'Personal emergency evacuation plans' (PEEP) and grab bags were in situ to ensure staff knew how to support people if there was a fire. Business continuity plans were in place and staff knew what to do in the event of an emergency.

There continued to be enough staff to support people to live full and engaging lives. The registered manager used an internal rota system, and this was translated to an online system and checked by the provider. Staff rotas were calculated to meet people's needs. When people were out taking part in activities or when people's needs changed, staffing levels adapted accordingly. In times of emergency or staff sickness there was a duty manager system. The provider also occasionally used an agency which carefully vetted staff. When agency staff were used they underwent an induction shift with management, followed by a period of shadowing.

Staff continued to be recruited safely. The provider and management conducted the necessary checks to ensure that new staff were safe to work with people. New staff then followed a robust induction programme, followed by a period of shadowing and competency assessments before being able to work with people alone.

Medicines continued to be managed safely. Staff who administered medicine had specific medicine training and were signed off as competent by the management. Spot checks were conducted to ensure staff continued to be safe. Each person had their own folder containing their medicine administration record chart and guidance tailored to them and their needs so that staff knew when to give people 'as needed' medicine safely, such as; paracetamol, cold medicine or behavioural medicines. We saw that people had different preferred ways of receiving their medicines, we observed a medicine's round and staff told us that one person liked to take their medicine on their own with half a cup of squash. We saw that this process was

described in their care plan and medicine records.

White Cliffs Lodge was clean and well-maintained. On the day of inspection there were two maintenance staff rectifying maintenance issues reported on a recent survey. We also saw staff and people cleaning rooms and communal areas. There were daily, nightly and weekly checks that were completed by staff to ensure all areas were clean and fit for purpose. Staff and people were knowledgeable of infection control and how to prevent the spread of infection. We saw staff using personal protective clothing such as aprons and gloves when preparing food, cleaning and supporting people with personal care. One person laughed as they told us; "Staff are always cleaning, it's too clean!"

Staff continued to learn from accidents or incidents. When any occurred, they were recorded and analysed for patterns and trends by the registered manager and provider. We saw that the registered manager had conducted thorough investigations and taken the appropriate action following incidents, which included additional refresher training and disciplinary action.

Is the service effective?

Our findings

People continued to be provided with person-centred care and support. A relative told us; "[Person] continues to be happy, healthy and well supported since [name] became manager. By working with many health professionals and us over the years they have acquired a full and detailed knowledge of [our loved one]. Experience and skills are shared by the management with all staff involved in [persons] care."

It was clear that staff knew people well and best practice guidance and tools were followed to ensure people were supported with the latest and best practice. For example, staff used accredited tools such as; the Waterlow scale (pressure sores), ABC charts (behaviour), body maps and positive behaviour support plans. Specialists also provided support to create guidance specific for each person and their needs, such as; dieticians, speech and language therapists and nurses who specialise in multiple sclerosis (MS), a condition that affects a person's brain and spinal cord .

Staff continued to have the knowledge and skills to provide people with the support they needed. New staff underwent a robust induction programme of training, shadowing and competency assessments. Existing staff undertook regular face to face and online training which related to people and their needs. Staff told us that they found the training helpful in supporting people with a range of complex physical and mental health needs. Staff felt supported by the management. Each member of staff had a regular supervision with either the deputy or registered manager. They told us supervisions were helpful as they enabled them to discuss their learning needs, professional development, as well as concerns and suggestions to improve the service provided to people.

People living at White Cliffs Lodge had a variety of different hydration and dietary requirements. The staff worked closely with the dieticians and speech and language therapists who provided specialist guidance which was followed by staff. Some people were fed using a tube in to the persons stomach, staff understood how to manage the tube feed and clear guidance was in place. Staff also understood and were sensitive to the emotional impact on people of not being able to eat. People were offered a choice of different meals and alternatives were always available. We saw people involved in preparing meals, washing and chopping vegetables. One person told us; "I buy my own food online, so I do tend to eat what I've got down here but if there is something they are having I like I have that, I've got options."

When people were unwell, staff were quick to respond and worked closely with health professionals to give people the support they needed. When people visited health services or were admitted to hospital, staff escorted them and took an hospital passport with information relevant to the person to promote consistency of care between services. Staff at White Cliffs Lodge used a communication book which highlighted changes and developments to new members of staff coming on shift. They also allowed for an overlap at staff handover so that they could discuss any changes or developments.

The premises continued to meet the varying needs of the people living at White Cliffs Lodge. The design of White Cliffs Lodge enabled staff to cater for people with a host of different mental and physical needs. Peoples accommodation within White Cliffs Lodge reflected their needs, preferences and personalities. A

member of staff told us that they noticed that a person they supported enjoyed sensory time at a local centre, so they spoke to the registered manager about developing a person's room to be more sensory and interactive. On the inspection we saw that a large underwater scene mural had been put up in the person's bedroom and they were due to different textures to the wall to make it an interactive experience for the person. We asked the person about it and they smiled and said "Yeah" repeatedly. Other people with less complex care needs or those who sought greater freedom and independence had their own flats, which some helped to maintain to keep their independence and to maintain existing and to learn and develop new skills.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Applications had been made for DoLS and staff continued to have training in the Mental Capacity Act and DoLS. People made their own decisions and staff respected their choices. A member of staff commented; "If people don't want to go out, that's up to them, then we do things at home for them." When capacity fluctuated, best interest meetings were held and those who knew the person made decisions on their behalf and these were recorded in support plans.

Is the service caring?

Our findings

People continued to be treated with kindness and compassion. Staff knew people well and the atmosphere was friendly and welcoming. People laughed and joked with staff and staff responded to people warmly. It was clear that there was a respectful and person-centred culture within White Cliffs Lodge. People told us; "I feel comfortable with staff, they are sound." Another person told us; "The staff are nice to me, they know if I am happy or sad." A member of staff told us; "To see people smile just once in a day means the world to me."

People took an active role in reviewing and adapting their care and support to meet their own needs. Each person had their own key worker. A key worker is a staff member who takes a lead in a person's care and support. One person told us; "I have reviews, I drafted my support plan, so it is written how I wanted it to be written. All care plans should be written in the way they should be read. Staff keep it up-to-date." Another person said; "I have a keyworker, we meet up and talk about what I need, support wise."

Staff knew how to communicate with each person, we saw staff using Makaton with people. Makaton is a language programme using signs and symbols to help people to communicate. We also saw staff responding to people who used their own movements and symbols to communicate. A person made a movement which the registered manager saw, the registered manager left the room and came back with chocolate. The person smiled at them and the registered manager explained what some of the signs and movements meant for that person. A relative told us; "Staff have the understanding and skills not to take initial [loved one's] response at face value as he needs time to make decisions and communication needs to be tailored." For those people who lacked capacity, staff kept in close contact with their loved ones or advocates to ensure that they were supporting them in the best possible way. A person told us; "My family comes to see me regularly, they can come in whenever I like."

The layout promoted independence and allowed people to maintain and develop their skills in a safe environment. People who required less supervision had their own flats and could go out unaccompanied. One person told us; "I like that I have my own flat, I have my cats and my internet." Those who could were encouraged to be as independent as possible, another person told us; "I do all my washing, clean my bed, do my own personal care." For people who required more intensive support, staff encouraged them to do as much as they could. One member of staff told us they promoted independence by encouraging people to make their decisions, "We don't go in with five or six different choices, just one or two choices."

Staff treated people with dignity. We saw that staff talking through what they were doing with people and we saw that they knocked on people's doors before entering. People told us that this was always the case and they felt like they had enough privacy. We spoke to staff about how they respected people's private time, as well as their cultural, sexual and social needs. It was clear that staff understood and respected people's individual preferences. People were encouraged to wear whatever they wanted to wear. Others went to church, one person regularly travelled to the church where some of their family were laid to rest, so they could light a candle and pray for them. A person told us; "They are respectful of me."

Is the service responsive?

Our findings

People living at White Cliffs Lodge were supported how they wanted to be supported. A relative told us; "[The management] are prepared to think outside the box for new approaches. [The deputy manager] has exhaustively investigated and planned annual holidays for [loved one]. His patience, perseverance and initiative make a huge difference to the quality of [loved ones] daily life and wellbeing."

Before people moved to White Cliffs Lodge they were asked about how they would like to be cared for and supported, as well as their likes, dislikes and preferences. This ensured that staff knew how to support people when they moved to the service. We reviewed people's care plans and they were person-centred, thorough and up-to-date. In addition, they were regularly reviewed by people, their loved ones, advocates and keyworkers to ensure they reflected people's needs and preferences.

When people's physical, emotional or mental needs changed these changes were swiftly identified, analysed and recorded in their support plans. Staff could tell us about the signs to look out for to indicate that a person was unwell or unhappy; "We can usually tell when there is a change in their behaviour, we pick up when their behaviour is different, facial expressions, lashing out." When this happened, staff knew how to respond, for people who were unwell they would relay their concerns to the senior carer or registered manager and seek medical advice. Staff knew people and their behaviours well, so when this changed it was quickly identified and their knowledge of the person, as well as guidance and training made it possible to lessen people's unhappiness or agitation. One member of staff told us that when a person becomes frustrated, it sometimes leads them to lash out at themselves. They said that before this happens, they can often distract the person by talking to them about things that bring them pleasure, such as music and art.

People lived as fulfilling a life as possible, on the day of inspection people were fully engaged and enthusiastic whilst taking part in activities of their choosing. Others attended different clubs and sensory sessions depending on their needs and preferences. One person told us that they regularly attended a local disco and karaoke nights, "I like mixing with people, have a sing song and do a dance." One person had an interest in cooking, so they helped prepare meals and had food magazines that they enjoyed looking through. Another with an interest in planes visited the local aeroplane museum. People were supported to go on holiday and we saw pictures of smiling people taking part in a range of activities. The registered manager looked for different activities and groups that would interest people, we were told by a few people that they loved animals and would enjoy pet therapy. We discussed this with the registered manager who told us that some people living at White Cliffs Lodge had a fear of animals, but they had explored different options and discovered that a local vet surgery was setting up a puppy socialisation group which the registered manager was hoping to take the animal lovers to.

Concerns and complaints continued to be reported and investigated thoroughly. Every person and member of staff we spoke to told us that they would feel comfortable and confident raising any concerns to staff and/or the deputy or registered manager. There was also an easy read complaints policy which staff talked through to people to ensure they knew what to do if they had concerns. People told us, "Staff are respectful, I've had no issues, if I had an issue I would speak to [registered manager] or [deputy manager]." A relative

commented; "We have not needed to complain as [loved one's] care is well managed and issues are addressed by discussion as or before they arise."

The registered manager had sought guidance regarding end of life care plans and had sent out paperwork to people's families to discuss, however they had not yet recorded discussions with people and their loved ones. We discussed that recording peoples end of life wishes and preferences should be a priority, even if their preference was that they did not want to talk about it. Following the inspection, the registered manager had begun this process.

Is the service well-led?

Our findings

Staff at White Cliffs Lodge shared the same vision and values for the service and the kind, inclusive and empowering culture was clear to see when observing interactions and talking to people and staff. A member of staff told us; "Independence is a big thing, we give them what they want, as far as possible. We encourage people, it is a very rewarding role. We all work as a team, we strive to give what we can to people."

A relative described the culture as "Collaborative, communicative and sympathetic" and praised the leadership of White Cliffs Lodge. They told us; " Staff at White Cliffs do an excellent job. Management are very approachable, very sympathetic, cannot fault them in any way, they are very good with people. The [registered manager] has vast experience in caring and is prepared to combine this with new initiatives. We trust her judgement. She has the welfare of the service users as her remit."

The registered manager and deputy carried out a series of different checks and audits to monitor and maintain the quality of care provided to people. The provider also monitored the service and the operations manager carried out mock inspections and monthly operations reports. Any areas for improvement or development were recorded in the service development plan which the registered manager and deputy manager were working on together with the provider. Local authority commissioners and local pharmacist conducted regular checks and no concerns were raised. Staff were delegated responsibility for ensuring that certain aspects of the service were monitored and maintained, and this was spot checked by the management to ensure that checks were carried out correctly.

An 'open door' policy was in operation for people and staff. Team meetings were held so that staff could share best practice, ideas for improvement and any concerns they had. One member of staff told us that they noticed that a person was uncomfortable in the presence of men, so they suggested to management that the person would benefit from moving on to an all-female placement. This was taken on-board and management secured another more suitable placement for the person. The member of staff continued; "It paid for her to go off to a new service which would be more beneficial for her. I've heard she is very happy there."

Staff asked people about their experience of living at White Cliffs Lodge, some completed surveys, others were asked and their responses recorded. The provider also sent out surveys to relatives and health professionals and this information was analysed centrally and fed back to the management. The registered manager had a close working relationship with local health professionals, agencies and care managers. Through these relationships, the registered manager and deputy kept current with the latest and best practice. In addition, the provider's locality managers attended a range of different health and social care forums and any new developments, strategies or tools were disseminated to the management through internal communications and meetings.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line

with CQC guidelines.

Records were clear and up to date and held securely. The rating for the service of 'Good' was displayed in the hallway for people to see and was also displayed on the provider's website.