

Krystlegate Limited

Whitebirch Lodge

Inspection report

102-104 Canterbury Road
Herne Bay
Kent
CT6 5SE

Tel: 01227374633

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Whitebirch Lodge is a residential care home providing personal care to 17 people aged 65 and over at the time of the inspection. Whitebirch Lodge is a care home set in two large residential houses which are connected. The service can support up to 19 people.

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

People and their loved ones told us they were happy and well cared for at the service. One relative said, "It is a home from home, everyone is so caring it gives you peace of mind." Staff knew people well and used their knowledge of people to tailor their support. People were treated with dignity and respect and were encouraged to stay as independent as possible.

People's care was planned with them and their loved ones. Care plans detailed people's care needs and preferences. People were encouraged to continue with hobbies they enjoyed before moving into the service. Families told us they were always made to feel welcome and that staff supported them to spend quality time with their loved ones.

At the last inspection we found that staff were not always up to date with their training and that the registered manager's oversight needed to be improved. A dependency tool did not give an accurate reflection of staffing levels needed, care plans required more detail and policies were not accurate or up to date. At this inspection improvements had been made. We found that people were supported by trained and competent staff. Regular audits and surveys gave the registered manager clear oversight of the quality of the service provided. Any issues raised were addressed quickly. A new dependency tool supported the registered manager to ensure there were enough staff to keep people safe. Policies had been put in place which were appropriate and up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to have a balanced diet which met their health needs. Staff worked closely with health professionals to manage people's health needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 December 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-Led findings below

Good ●

Whitebirch 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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Whitebirch 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.

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 inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, care co-ordinator, care

workers and the cook. We also spoke with a visiting health professional.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection, not all staff had their safeguarding training refreshed in line with the provider's policy. At this inspection all staff had received training in safeguarding and refresher courses when required.
- At the last inspection the provider's policy in relation to safeguarding contained information which was not up to date and did not relate to current legislation. At this inspection, the provider confirmed they had a new policy which was accurate and up to date.
- People and their loved ones told us they felt safe at the service. One relative said, "I have complete peace of mind, I know the staff here keep my loved one safe."
- Staff could tell us about the types of abuse they may encounter and the signs to look for. They could also tell us who they would report any concerns to both at the service and to outside agencies.

Staffing and recruitment

- At the last inspection the provider's dependency tool did not give an accurate calculation of the staffing levels required to ensure people were safe. At this inspection, the registered manager demonstrated how they used a new online care planning system to develop a reliable dependency tool. Staffing levels were consistently above those required. Staff responded quickly to people's needs and people told us they did not have to wait.
- Staff had been recruited using safe procedures. This included references from previous employers, prove of identity and disclosure and barring checks (DBS). DBS checks help employers to make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Risks to people were assessed and plans were in place which gave staff guidance about how to minimise risks. For example, when people needed to be supported to move using mobility aids, guidance included which aid to use for each person and a step by step process to follow.
- People and their loved ones were involved in planning how risks were managed. Risk assessments contained people's preferences for how staff should support them.
- Checks to the environment were completed and action was taken to address any shortfalls. For example, a foot plate on a stair lift was found to be broken. This was resolved quickly.

Using medicines safely

- People were supported to have their medicines by competent staff and in the way they preferred. People's care plans detailed how they would like to have their medicines given to them and what drink they would

prefer.

- People were offered the opportunity to manage their own medicines where possible. No one at the service had decided to do this and had stated they were happier when it was managed by staff.
- Staff had clear responsibilities in relation to reordering medicines and ensuring they were stored correctly. Medicines records were complete and accurate.
- When people had medicines prescribed for 'as and when' use (PRN), protocols were in place which gave staff guidance about when they should be used and how often. The use and effectiveness of PRN medicines was recorded by staff.

Preventing and controlling infection

- Staff had received training in infection control and could explain to us the measures taken to minimise risk.
- Throughout the day staff used appropriate personal protective equipment, such as gloves and aprons.
- The service was clean throughout and there were no bad odours. A spill was found in the dining area and staff immediately acted to clean the area.

Learning lessons when things go wrong

- The registered manager analysed accidents and incidents for themes and learning.
- Staff had reported to the registered manager that supporting people with their morning medicines was taking so long that it could impact on the necessary gap between doses. Additional staff were put in place and the medicines split between two staff to ensure they were completed in a timely fashion.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection the registered manager had failed to provide appropriate ongoing training to staff. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection, not all staff had completed core training. Now staff completed a regular schedule of training which included both core subjects and training specific to people's specific needs. For example, training included dementia awareness, diabetes and moving people safely.
- Staff had an induction when starting to work at the service. This included formal training, competency checks and working alongside more experienced staff. Staff without any previous care experience completed the care certificate. The care certificate is a competency based set of standards which are nationally recognised.
- People and their relatives told us that staff had the skills required to support people. One relative said, "They have the training they need and certainly know what they are doing."
- The registered manager had also arranged for local community nurses to provide additional training when required.

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

- People's needs were assessed with them and their loved ones if appropriate. Assessments covered all areas of support required and recorded people's preferences.
- Assessments took into account people's protected characteristics under the Equality Act (2010). For example, people's religion or sexuality.
- Assessments used recognised tools such as MUST score to identify people's needs in relation to food and drink and Waterlow score to monitor their skin integrity.

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

- People and their loved ones told us they enjoyed the food and had a choice of what they wanted to eat. One relative told us, "My loved one loves the food here, I never have to worry they aren't eating well."
- People's care plans detailed what they liked to eat and how they would like it served. Some people chose

to have their food pureed as they found it easier to eat that way. The cook ensured their food was their preferred consistency.

- Staff had recognised that people struggled to meet generic targets for fluid intake. The registered manager spoke with people about the importance of being hydrated and increased the range of drinks on offer. People's fluid intake was averaged over a month and their targets were based on this amount. People were now meeting their targets and staying well.

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

- Staff supported people to access healthcare professionals when required. People and relatives told staff took swift action when people were unwell.
- One person told us that staff had supported them through a series of tests and helped them to understand what was going to happen.
- A visiting health professional told us, "They are good here, they always contact us if there are any worries and we know they follow any advice we give them."
- People's care plans gave staff the information they needed about people's health needs and any signs to be aware of which may mean they were becoming unwell.
- The registered manager had recently purchased equipment to enable trained staff to take people's blood pressure and temperature. This enabled them to give additional information to health professionals and get the correct support more quickly.
- People were supported to stay as healthy as possible. There were oral care plans in place and people were supported to maintain their oral health. People were supported to take part in daily exercises to keep them active.

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

- The service was based in two residential houses which had been adapted to meet the needs of people. This included stair lifts to help people upstairs and hand rails.
- Since the last inspection there had been a large number of improvements to the environment. New flooring had been fitted which enabled staff to use mobility aids more easily. People had found it difficult to access a bath due to the size of the bathroom. The bath had been replaced and relocated to a larger room, which people found easier to use.
- When people were living with dementia the lay out of the service and signage helped them to find their way around easily.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity had been assessed and care plans recorded when people had fluctuating capacity. Where people were found to lack capacity, they were supported to make decisions by those who knew them well.
- Staff understood the principles of the MCA. One staff member told us, "You always assume people have capacity. If they want to do something which you think is a bad idea, you make sure you have explained it all, but it is their choice."
- When people were deprived of their liberty DoLS authorisations had been applied for and authorised. The registered manager ensured appropriate professionals were updated if anything changed.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 and their relatives told us that staff were kind, caring and compassionate. One relative told us, "They really care here, about us as well as our loved one. They are always ready to listen."
- Staff knew people well and used this knowledge to tailor their interactions to each person. One member of staff was playing dominoes with people in the dining room. There were lots of jokes and laughter.
- Staff knew people's life stories and families. They encouraged people to speak about their lives and experiences.
- People's beliefs were supported. Religious services were held at the service and people were supported to attend other places of worship if they wished.

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

- People and their relatives were encouraged to give their views of their care and to let staff know how they wanted to be supported. People told us staff listened to their views and supported them in the way they preferred.
- Some people chose to spend time in their rooms. Staff informed them of the activities available and spent time with them but respected their choice. One relative told us, "My loved one stays in their room, it is not for the want of trying from staff. They understand it is what they want to do."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured that people were treated with dignity and respect. When people were moved using mobility aids their care plan detailed how they should be covered to support their dignity. Staff followed this guidance using blankets when required.
- People were encouraged to maintain skills and remain as independent as possible. For example, one person had previously worked in a caring setting and liked to be useful. Staff involved them in jobs they enjoyed, such as folding laundry or giving other people cups of tea.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection an electronic care planning system had recently been introduced and was not fully implemented. At this inspection the system was fully in use and embedded in practice.
- People's care was designed with them and their care plans reflected their needs and preferences.
- Staff could access the plans on their mobile devices. The plans were thorough and contained specific details about people which helped staff to get to know them.
- Staff observed people's behaviour to ensure they were getting the support they needed. One person was not joining in with activities. Staff checked they were ok and offered them some reassurance. The person then began chatting to their peers and laughing.

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 had asked for the menu to be made available in a larger print and the registered manager had provided this.
- No one at the service required any further adjustments for information, but the registered manager confirmed that these would be made available if needed.

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 took part in a range of activities which they enjoyed. Such as dominoes, watching visiting entertainment and reading.
- People were encouraged to continue with hobbies they had enjoyed before moving into the service. For example, one person had always enjoyed art. They were supported to continue painting and their pictures were displayed in the service.
- People could have visitors at any time and were supported to maintain relationships. One family told us they were able to have an indoor family picnic with their loved one in one of the lounges.
- Another family regularly visited at the weekend and spent time in their loved one's room watching their favourite TV shows or films. This had been a regular activity at their loved one's own home before they moved into the service.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and that they felt sure any issues would be addressed quickly.
- No complaints had been received since the last inspection.

End of life care and support

- People had end of life care plans which were person centred. There were details of people's advanced care planning in relation to health interventions.
- People's care plans also detailed things that were important to them at the end of their life such as who they would like to be with them and the type of music they would like to listen to.
- Where people had chosen not to talk about their wishes for end of life this was recorded and staff spoke to them from time to time to give them the chance to discuss their wishes when they were comfortable to do so.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the registered persons had failed to ensure that effective governance systems were in place to identify and manage risks to the quality of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection some of the policies and procedures used by the provider were out of date or contained inaccurate information. At this inspection a new set of policies and procedures were in place which were fit for purpose.
- Regular audits were completed by the registered manager and senior staff to monitor the quality of the care given. These included audits which were part of the online care planning system.
- 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 guidance.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about a service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall.

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

- People, their relatives and staff, told us they could contact the registered manager at any time for support and advice. One relative told us, "They are always there to help. They support the whole family and not just the person living here."
- The culture in the service was relaxed and friendly, the registered manager knew people and their loved ones well. People were comfortable to stop the registered manager and ask them about things as we

walked around the service.

- The registered manager had been open and honest with people and their relatives about the improvements required following the last two inspections. They had kept them up to date with progress on any improvements and any action plans.

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

- People, relatives, professionals and staff were invited to complete satisfaction surveys. These were reviewed by the registered manager and the results shared. Any issues raised were addressed with people and the outcome recorded.
- People attended regular residents' meetings where they were encouraged to share their views on the service and any improvements they would like to see. If people did not want to attend staff visited them in their rooms to ask for their opinions.

Continuous learning and improving care

- There was a culture of continual learning and improvement. For example, once everyone's care plans had been recorded on the electronic care planning system the registered manager organised additional training to see if they could utilise the system more effectively.
- The registered manager read information from a thematic review around oral health in older person's services published by the Care Quality Commission. They contacted local community nurses to see how the service could improve their oral health care and implemented any changes needed.

Working in partnership with others

- The staff at the service had regular contact with healthcare professionals, such as occupational therapists and district nurses.
- The registered manager also arranged for other community groups to visit the service such as children from local schools coming to sing to people and a visit from the local mayor. People told us they enjoyed these visits. One person said, "We always have people visiting. We are still part of the community even though we need some help."