Omega Elifar Limited

White Lodge

Inspection report

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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

White Lodge provides accommodation and personal care for up to four people who have a learning disability, sensory impairment and physical disability and health care needs. There were four people living at the service. The service was as domesticated as possible. People had their own rooms and the use of a comfortable communal area. It was open plan and included a kitchen and dining area. The main lounge was also used a sensory area. There was a private rear garden and large summer house which was accessible for people with mobility aids.

The service is situated in the residential area of Bordon. All the people living at White Lodge had either no independent mobility or it was restricted by physical disability. There were a range of suitable adaptations and mobility aids specifically designed to support people both in the service and community.

At the last inspection the service was rated good. At this inspection the rating remained good.

We carried out a comprehensive inspection of White Lodge on 21 May 2017. This was an announced inspection. We told the provider two days before our inspection visit that we would be coming. This was because we wanted to make sure there would be staff and people to speak with and access to records.

Most people had lived at the White Lodge for several years and staff knew the people they supported well. The registered manager took an active role in the running of the service. They were supported by a core staff team who had worked at the service for some time.

People had complex needs with limited verbal communication skills so we spent time observing people and their interactions with staff. The atmosphere at White Lodge was calm and friendly. Interactions between staff and people were kind and supportive. Staff described to us how they worked to support people to make day to day choices and enable people to lead a quality of life within the constraints of individual disabilities.

There were sufficient numbers of suitably qualified staff to keep people safe. Recruitment practices helped ensure staff were fit and appropriate to work in the care sector. Staff received an induction when they first started work which included training in areas identified as necessary for the service. This included training in safeguarding and staff knew how to recognise and report abuse. They were confident the registered manager would take any concerns they had seriously.

The premises were well maintained, pleasant and spacious. People's bedrooms had been decorated and furnished in line with their personal preferences. Risks associated with the environment had been identified and action taken to minimise them.

People were supported to do things they enjoyed and keep in touch with those people who were important to them. Risks to people's safety were understood by staff and people benefited from receiving care and

support which took into account their health and welfare. Staff understood what actions to take if they had any concerns for people's wellbeing or safety. Risk assessments had been developed to minimise the potential risk of harm to people who lived at the service. These were kept under review and were relevant to the care and support people required.

While people had complex needs which affected their ability to communicate their likes and dislikes, staff took the time to find out about the person. This meant people living at White Lodge were supported to lead fulfilled lives which reflected their individual preferences and interests.

There were enough staff available to make sure everyone was supported according to their own needs. Staff told us they loved their jobs and felt they had all the support they needed to carry out their role. They told us, "Been here for many years and seen the changes for the better. Everybody has a really good quality of life and lots of opportunities to enjoy that life," and "It's a very special job and I love it."

Everybody living at White Lodge required support to take their medicines. Where required people were supported to take their medicines so they would remain well. Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required to administer medicine safely.

Staff were observed to be very attentive and available to people. They did not restrain people or prevent them from doing what they wished. For example one person wanted to have a 'lie in'. Staff respected this but ensured the person was checked regularly for their comfort.

We observed staff encouraged people to engage in meaningful activity and spoke with them in a friendly and respectful manner. Where a person was upset staff members were able to engage with them and focus on another activity and give them some 'space' for down time. This helped calm the person in their own time. It demonstrated staff knew the person well and how to manage an event in a calm and controlled way.

There were systems in place to record accidents and incidents and take appropriate action when required.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of the principles of the legislation and training was updated as necessary.

People had access to healthcare professionals and their healthcare needs were met. The service had responded promptly when people had experienced health problems. People were treated with dignity and respect and independence was promoted wherever possible.

There was clear and open communication between the registered manager and staff, so staff knew what was expected of them. Checks were undertaken on the quality of the care by the registered manager and overseen by the operational manager in order to ensure the service was operating safely, effectively and was responsive and well led. These areas formed the principles by which the service operated. The registered manager and provider made sure there was a focus on continuous development of the home.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

White 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 inspection took place on 21 May 2017 and was announced the day before to make sure staff were available due to the way the service operated. The inspection was carried out by one adult social care inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

We spoke with the registered manager and two staff members on duty. We spoke with the four people using the service. We spent time observing care practices and interactions between two staff and four people using the service. We looked at care records of two people living at White Lodge, training and recruitment records. We also looked at records relating to the management of the service. In addition we checked the building to ensure it was clean and a safe place for people to live.

Good

Is the service safe?

Our findings

All of the people living at the White Lodge had limited verbal communication. We spent time with people and observing how staff supported them. The positive and friendly interactions between staff and people indicated they felt safe and at ease in their home and with staff supporting them.

The staff members told us what action to take if they had any concerns about people's safety. This included telling the registered manager, or external organisations, so plans would be put in place to keep people safe. Staff members told us they were confident that if they raised concerns with the registered manager action would be taken to protect people. For example where a person's health had deteriorated and the person's risk level had been raised. Staff described how they regularly shared information about people's well-being and safety as part of staff handover discussions. One staff member told us they constantly reflected on people's safety needs as 'they can change so quickly'. Records showed and staff told us how they worked with other professionals, for example, nutritional specialists and epilepsy professionals to support people's specialist needs and to prevent avoidable harm.

Staff had a very good understanding of people's risks and took time to make sure people were supported in ways which reduced their risks. This included staff being aware of people's well-being and levels of anxiety. For example, one person became distressed and anxious. Staff took action to reduce risks by offering the person reassurance and 'time out' when they needed it.

Where staff had recognised themes in a person behaviour resulting in enhanced risk, action had been taken to engage with other professionals to take action to reduce these risks. This demonstrated the service recognised what action to take to ensure people were safe. People's risk assessments had been regularly updated so staff knew the best way to care for people taking into account their changing safety needs.

There were sufficient numbers of staff to meet people's assessed needs and help ensure their safety. On the day of the inspection people were supported to take part in daily activities and routines. For example, both staff members on duty were taking time with people doing things they liked such as using sensory equipment, reading and singing with a person. Staff told us senior staff would also provide care and support to people if there were any unexpected staff absence, so people's care and safety needs would be met.

Staff were aware of the service's safeguarding and whistle blowing procedure and said they felt able to use it. Staff were confident they knew how to recognise signs of abuse. They told us they would report any suspected abuse and felt assured they would be taken seriously by the service manager. Staff knew who to contact externally if they felt any concerns were not being acted on. The processes' in place ensured safeguarding concerns would be recognised, addressed and actions taken to improve the future safety and care of people living at White Lodge. There were contact details for the local safeguarding team available in the service.

People's medicines were managed safely and stored securely. The amount of medicines held in stock tallied with the amount recorded on medicine administration records (MAR). Topical medicines had been dated on

opening; this meant staff would be aware when the medicines were at risk of becoming ineffective or contaminated. At the time of the inspection there were no medicines being used which required stricter controls.

There was a safe system in place to support people's personal finances. Arrangements were in place for people to keep their money securely in the service. Records of when staff supported people to make purchases were kept and regularly audited by the registered manager and overseen by the operational manager.

Recruitment processes were robust. All appropriate pre-employment checks were completed before new employees began work. For example disclosure and barring checks were completed and references were followed up.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. There were records that showed manual handling equipment had been serviced. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

Good

Is the service effective?

Our findings

People received care and support from staff that knew them well and had the knowledge and skills to meet their needs.

There had been one new member of staff recruited since 2015. They came with the care certificate completed. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices.

Staff received sufficient and on-going training to carry out their role with regular updates taking place so they were familiar with current good practice and guidance. Specific training was available to staff where certain conditions required specific knowledge in how to manage a health event. For example, Autism Sensory Experience, Epilepsy and training with an emphasis on positive behaviour support. One staff member told us, "We have good access to training here."

Staff told us that they received regular supervision and that this included face to face discussion and also observations of their work practice and staff had received feedback on their performance.

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 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 The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible. The policies' and systems in the service supported this practice.

The registered manager understood the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an application should be made and how to submit one. Authorisations in place were being reviewed and monitored as required.

People were supported to eat and drink enough and maintain a balanced diet. Staff were familiar with people's choice of foods and encouraged them to take a balanced and healthy diet. Some people required specialist diets as well as receiving nutrition by clinical intervention methods. For example, receiving nutrition through a tube. Staff responsible to support this type of nutrition had received training to manage this. Staff regularly liaised with health professionals to support people's diet and nutrition. Records supported this.

We observed the way the lunchtime meal was presented and how people were being supported. Due to the small group, staff had the opportunity to engage more positively with people. Staff sat with people they were supported. Talked with them and regularly asking if they liked what they were eating and whether it was the right temperature. This was particularly important to a person with sight loss.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. For example a recent hospital admission had occurred. Staff had worked closely with hospital staff and the family to implement ways which could best support the person. People had access to regular health checks including dentists, opticians, and also comprehensive health checks, so people would experience good health. There were records of outcomes of health appointments so staff had the necessary information to provide effective care and support. Documentation was updated to reflect the outcomes of professional health visits and appointments. There was evidence of the service working collectively with a range of health professionals to support a person whose change in health required specialist support. Through intense support from staff and health professionals the person had responded positively. This demonstrated staff understood the importance of working with health professionals to get the best outcomes for people using the service in order to maintain their health and wellbeing.

The environment included a sensory area with cushions and couches in the lounge area which was being used effectively throughout the day.

All areas of the service were accessible to people. The design of the environment meant equipment could be moved freely and without restriction. All rooms were personalised. There was an accessible rear garden which was private and not overlooked. A large summer house was used for craft events and provided additional cover for all weather events.

Good

Is the service caring?

Our findings

It was clear staff had an in-depth knowledge of the care and support people using the service needed. Due to people's complex health needs we were not always able to verbally seek people's views on the care and support they received. Staff were engaging with people in a positive way by providing individual care and support. Staff were unrushed and caring in their attitude towards people. It was clear the rapport between staff and people using the service was familiar. Banter and humour was being used and people and staff were relaxed and comfortable with each other. Staff were supporting people through stimulating activity. For example use of music and sensory equipment. This showed an empathic and caring approach. Comments from staff included, "We really get to know everyone here and I feel we really make a difference to people's lives because we really care for them" and "We do go out of our way to look after people here." Another staff member told us, "I love working here. All the staff love caring for everyone."

The routines within the service were very flexible and arranged around people's individual and collective needs. People were not able to vocalise their choices, however staff clearly understood how to respond to their care needs through nonverbal communication, by observing body language, eye movement, facial expression. For example a staff member told us they recognised where a person was becoming agitated. They knelt by the person spoke calmly and sensitively to them, suggesting a talking book would be nice to listen to. The caring approach resulted in the person becoming calmer, smiling and responding well to the staff member playing the audio story. This demonstrated staff clearly understood and responded to people's individual needs in a kind and caring way.

Staff members were responsible for making daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a person's care and support. Throughout the inspection staff shared information between each other when there had been any changes in mood or activity.

People's care plans showed their styles of communication were identified and respected. The care records were written in a person centred way. This meant the person was at the centre of their care which was arranged around their individual needs. Care records contained detailed and personalised information to help staff to deliver care that met the person's preferences. People's individual preferences were described, for example, personal care and preferred routines.

People were supported in a way which made sure their privacy and dignity was upheld. For example, doors were closed when personal care was being carried out. We observed that when any personal care was required care staff offered support unobtrusively and in a manner which ensured the person's dignity was maintained. People were smartly dressed and looked physically well cared for. Staff introduced us and explained that we would be visiting the service and looking around during the day. This helped people feel more comfortable in our presence.

Good

Is the service responsive?

Our findings

White Lodge put the people who used the service firmly at the heart of how it was run. We observed, many examples of how the service delivered a person-centred approach when providing activities which met people's specific needs. For example, talking individually and collectively with people about what they may be interested in doing that day. Also, taking account of individual needs and choices by focusing on the person and what steps to take to broaden their life experiences. This had resulted in people extending their boundaries beyond the service. For example, using community facilities including shopping, leisure and therapeutic activities. There were numerous photographs around the service and in peoples own rooms of activities they had been involved in.

There was no formal plan to activities as staff told us "Every day is different. We do have plans but sometimes it's not always right for (Person). We have to be very flexible." There was evidence of a range of activities which took place, including celebrating events such as Christmas, Easter, Halloween and birthday celebrations. There was a mini bus available to support people in the community. There had been a trip to the zoo. Holidays were planned for people and there was an on-going garden project. All events and activities people were involved with were included in their person centred plan and gave a good oversight of the range of activities available to them.

Staff had the information they needed to understand people's needs, background and how to use that information to enable them to make their own choices. For example one person had let staff know they wanted to stay in bed for a 'lie in' that day. Staff supported the person's choice and regularly checked on them to make sure they were comfortable. A staff member told us, "Every day is different and we just respond to choices and needs on the day. It might change numerous times during the day but that's what we are here for." This showed care was person cantered and there were no institutional routines.

People had a wide range of complex care needs which had the potential to impact their health and welfare. There were examples of how staff regularly undertook additional work with external professionals so they could find out the best way to care for people and promote their well-being and safety. For example, with the blind society for aids and adaptations, specialist advice to respond effectively to epilepsy and by engaging with families to support contact and visits.

People using the service were at the centre of their care planning. Care plans were very focused and person centred. They were regularly updated and reviewed to ensure they reflected people's changing needs. There were pictorial prompts for staff to use to explain care and support if necessary. There was evidence of families being involved in some of the reviews and consulted on changes. For example a recent hospital admission had meant the family were also supported by the staff by providing emotional and practical advice. This showed White Lodge did not make decisions without sharing necessary information and making people feel they were involved.

The registered manager told us and records confirmed that daily events were monitored which were then reviewed and the information shared by staff when changing shifts. Documentation was shared about

people's needs should they visit, for example the hospital. This meant staff and other health professionals had information about individuals care needs before the right care or treatment was provided.

Decisions about any new admissions were carefully managed by balancing the needs of the person with the needs of the people already living at White Lodge. The service worked closely with other professionals to ensure they had all the information they needed to respond effectively to people's needs.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. An easy read version was also available for people which used pictorial symbols alongside simple and limited text. The registered manager told us they recognised the need to ensure all concerns were listened to and responded to. Records showed this was the case.

Good

Is the service well-led?

Our findings

There was a registered manager employed at White Lodge. 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 2008 and associated Regulations about how the service is run.

There were opportunities for people to comment on the service through surveys. A recent questionnaire had very positive responses and comments including, "Always a happy place to visit" "Very good manager, easy to talk to. Full of information and care" "Never a problem that can't be solved" and "Many things to do." Professionals said, "Excellent standards of care" "Staff have good knowledge and skills" and "Calm nurturing atmosphere." A relative said, "Provide constant high standard of care and family environment."

There were quality assurance systems were in place to measure the effectiveness of the service. In addition to regular overview, audits and surveys the operational manager made regular visits to the service to review its performance. The most recent report was positive in its conclusion that the service befitted from 'strong leadership and commitment by the care team'. It commented, "Such attention to detail is a real credit to the team who obviously go the extra mile to ensure the ladies have the support they deserve." The service was meeting the requirements in all areas of the review. Monthly registered manager meetings were held to exchange operational information. In addition staff meetings were held on a three monthly basis as the small staff team exchanged information on a daily basis. Staff told us they felt the sharing of information was very good and that they felt they were encouraged to contribute to meetings. This showed the service maintained an open and transparent dialogue so staff were aware of any updates or operational changes.

Where audits had taken place the registered manager looked for any themes which may need addressing. For example, health and safety issues through increased accidents or incidents, medicines errors as well as maintenance of the service. Further audits were carried out in line with policies and procedures. For example fire tests were carried out weekly and emergency lighting was tested monthly.

Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the registered manager respected and acted on their views. The registered manager was aware of what was happening at the service on a day to day basis. They were always available and also spent time supporting people. There was a clear shared set of values across the staff team. A staff member told us they worked hard to support people to lead fulfilled lives and that this was possible due to the management support and resources the registered provider made available to them.

While people using the service had limited verbal communication the service held service user meetings with key workers who knew the person well. It showed the service was inclusive and valued people by giving them the opportunity to look at what was happening in the service and include any issues or interests which may affect them in any way. For example, a meeting had looked at what activities had occurred including shopping trips, visiting an education centre and using 'music for health' as a therapy.