Barchester Healthcare Homes Limited

The 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

The White Lodge is registered to provide accommodation which includes nursing and personal care for up to 80 older people, some of who are living with dementia. At the time of our visit 54 people were using the service. Bedrooms are situated over three floors. There were communal lounges and dining areas with satellite kitchens on each floor with a central kitchen and laundry. The White Lodge is part of Barchester Healthcare Homes Limited.

We undertook a full comprehensive inspection on the 31 May and 01 June 2017. The first day of the inspection was unannounced. At our last inspection at The White Lodge in June 2016 we found the provider did not meet some of the legal requirements in the areas we looked at. After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements in relation to the law. We found on this inspection the provider had taken all the steps to make the necessary improvements.

A registered manager was employed by the service and was present throughout our inspection. 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.

People told us that staff worked really hard to keep them safe. Relatives felt reassured that their loved ones were safe because staff kept them well informed should any problems arise. Safeguarding training had been completed and staff were aware of how to raise any concerns about people's wellbeing to ensure they were safe.

Risks were assessed and reviewed regularly and control measures were put in place to minimise the risks to people.

There were safe medicine administration systems in place and people received their medicines when required. Medicines were stored securely and disposed of safely.

People told us they enjoyed the food and had plenty of choice. They were supported to eat and drink sufficient amounts and maintain a balanced diet. People could choose where they wished to eat their meal and received appropriate support when required.

People said that the staff were kind and caring and that nothing was too much trouble for them. Relatives were complimentary when telling us about the care and support their loved ones received. During our visit we saw that people were relaxed and comfortable in the presence of staff. Staff were observed speaking in a kind and friendly manner with people, taking time to allow them to express their needs.

Care plans were in place which detailed how each person would like to receive their care and support. People were occupied and encouraged to socialise through a programme of engagement and activities.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs. We saw that people were supported with making decisions around their care. Staff sought people's consent before providing them with care and support.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual care and support needs. People were supported by staff who were skilled in meeting people's needs and received on-going training and support to enable them to deliver effective care.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Staff said they felt supported by the manager and could raise concerns. They felt appropriate action would be taken by the manager where required.

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 was safe.

People were protected from the risks of harm or potential abuse. Risks to the health, safety or well-being of people who used the service were assessed and plans put in place on how to minimise those risks.

Staff had the knowledge and confidence to identify safeguarding concerns and knew what actions to take should they suspect abuse was taking place.

There were safe recruitment procedures to help ensure people received their care and support from suitable staff.

There were policies in place to support safe medicines management. People received their medicines when required.

Is the service effective?

Good

The service was effective.

People had access to sufficient food and drink and were supported to maintain a balanced diet. There was documentation in place to monitor people's nutritional and hydration needs where required.

People were supported by staff who had access to training to develop the skills and knowledge they needed to meet people's needs.

People were supported to be able to make decisions and choices about the care they wished to receive.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion in their day-to-day care. People and their relatives spoke highly of the staff and the care they received.

People's privacy and dignity were respected. Staff provided care in a way that maintained people's dignity and upheld their rights.

We saw that people were consulted with about how they wished to receive care and support. People were listened to and were encouraged to make their own decisions and choices. □

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs. Care plans were person centred and provided clear and detailed guidance for staff.

People had a range of activities they could be involved in.

People and/or their relatives said they were able to speak with staff or the manager if they had any concerns or a complaint. They were confident their concerns would be listened to and appropriate action taken.□

Is the service well-led?

Good

The service was well-led.

There was an effective quality assurance system in place to ensure any improvements needed within the service were identified and the necessary action was taken to implement change.

Staff said they felt supported by the registered manager and deputy manager and could raise concerns. They felt appropriate action would be taken by the registered manager or deputy manager where required.

People and their relatives views were sought to improve the service.

The 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 checked 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 was a comprehensive inspection and took place on 31 May and 01 June 2017. The first day of the inspection was unannounced. One inspector, a specialist nurse advisor and an expert by experience carried out this inspection. Experts by experience are people who have had a personal experience of care, either because they use (or have used) services themselves or because they care (or have cared) for someone using services.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). 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.

We used a number of different methods to help us understand the experiences of people who use the service. We spoke with 13 people using the service and seven visiting relatives about their views on the quality of the care and support being provided. During our inspection we looked around the premises and observed the interactions between people using the service and staff.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included nine care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

During the visit we met people who use the service. We spoke with the registered manager, regional manager, deputy manager, four registered nurses, six care staff, two activity co-ordinators and staff from the catering and housekeeping departments. We received feedback from four healthcare professionals who supported the service to meet people's care needs.

Good

Is the service safe?

Our findings

During our last inspection on 28 June 2016 we found that whilst people's medicines were managed and administered safely, three people's medicines had not been received from the pharmacy when expected. This was a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements in relation to the law. We found on this inspection the provider had taken all the steps to make the necessary improvements.

Medicines were managed safely. Since the last inspection new processes had been introduced to ensure that people's medicines were available. This included improved records of communication between the GP and the pharmacy.

We observed part of a medicines round. The nurse on duty knew people well and didn't rush them with their medicines. They ensured they had a drink and waited until they had swallowed their medicines before signing for them. They asked people if they required any additional medicine such as pain relief.

Medicine administration records (MARs) had been completed in full. There were no gaps which indicated that people had received their medicines on time. PRN (as required) protocols were person centred and detailed when people might require additional medicine. Administration records for the application of topical medicines had also been completed in full.

We looked at the records for one person who was having their medicines covertly. This is when tablets are disguised within food or drink. The records showed how the decision had been reached and who had been involved in the decision. A date had been set to review the decision.

Medicines that were no longer required were disposed of safely. All medicines were stored safely. Bottles of liquids had been labelled with the date they were opened and when they would expire. As part of the 'Resident of the Day' process stock levels of medicines were checked, information at the front of MAR charts was reviewed for accuracy and MAR charts were checked to ensure they had been signed. An additional check was in place because nurses checked MAR charts daily to ensure that all medicines had been signed as administered. We also looked at the latest pharmacist advice visit from March 2017. The recommendations made during this visit had all been actioned within one week; for example ordering stickers for labelling bottles with opening/expiry dates. This showed that professional recommendations had been followed.

During our last inspection on 28 June 2016 we found that people using the service, their relatives and staff did not always feel there were enough staff available to meet the needs of people using the service. This was a breach of Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements in relation to the law. We found on this inspection the provider had taken steps to make the necessary improvements.

The registered manager explained they used the Barchester's 'DICE' dependency tool, which monitors the dependency levels of residents and calculates staffing requirements. Assessments of people's dependency levels were in place and reviewed monthly. We saw that staffing rotas reflected the number of staff identified as being required by the dependency tool. The registered manager and regional manager explained that they had recently introduced an additional six hours of care support over the identified hours. They said they had done this to support busier times of the day.

However people using the service, their relatives and staff still raised concerns relating to their not being enough staff. Comments from people using the service and relatives included "The only thing is that there is not enough checking. They do their best but people need more supervision. One more person on the floor would make a difference, make it easier", "A few more staff would help. Evenings are busy if I need help" and "Not enough people around, sometimes difficult to find people".

All of the staff we spoke with said they did not feel there were enough staff on duty to meet people's needs. Their comments included "The unit is big and because of the nature of the residents care needs we could do with an extra member of staff. People living here don't get as much 1:1 time with staff as they need", "Care is always provided but is very task focused. We don't have time to do anything else" and "We could always do with more staff. We try to sit and have conversations with people, but not as often as we would like and not for as long as we would like".

When referring to the 'DICE' tool, staff said "According to 'DICE' we have enough" and "I don't feel 'DICE' is a good tool. We don't have enough staff". Staff told us they did not feel the 'DICE' accounted for the time it took to support someone. One member of staff told us "The tool does not take into account that it might take us an hour to support one person with their meal".

One health professional informed us "The home often appears to be short staffed. Senior nurses are under pressure as a result".

We observed that people did wait for support at times. Some people, living with dementia and unable to use a call bell resorted to calling out and we had some difficulty locating staff on two occasions. On one occasion in the dining room, one person was calling out for staff and we had to go and find someone to assist them. One member of staff said "Because a lot of people need two staff to assist them, there often isn't anyone who can keep an eye out for other people because we're busy in people's bedrooms".

Whilst staff have been allocated in accordance with the dependency tool there still remains a reoccurring concern by people, relatives and staff that there are not enough staff. We have spoken with the registered manager and regional manager who have agreed that they will look into why people are still feeling this way, even with the additional staff hours deployed.

People told us they felt safe living at The White Lodge. Their comments included "I feel very safe because staff are very careful and look after me well", "I've been here quite a while and never felt anything but safe. It's a homely place, and has a good feel to it", "Yes I certainly feel very safe. If I need help I get it within a moment or two" and "I love it here. I know all the staff and no one is horrible".

Relatives we spoke with told us "I think this is a safe place. The manager is very nice and approachable",

"The minute I walked in to this place it felt homely, not clinical. I feel it is safe, nothing has ever happened" and "I am quite happy she is looked after well. Happy with what I've seen".

People were kept safe by staff who recognised the signs of potential abuse and knew what to do when safeguarding concerns were raised. Clear policies and procedures were in place to inform staff of the processes they needed to follow should they suspect abuse had taken place. People were protected from avoidable abuse and harm because staff had received training in safeguarding and through scenario based discussion, all demonstrated that they knew how to report any concerns. Comments from staff included "We can report directly to the safeguarding team if we need to. There is a flow chart here (in the office) which shows you how to do it" and "There is always someone who I can talk to if I have any concerns about people. If I thought someone was not being treated right I would speak to the unit manager, nurse or any of the other managers".

All staff were familiar with the term whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Posters were on display that provided staff with information on how to raise concerns about poor practise. All of the staff we spoke with said they felt confident to raise concerns and that they would be taken seriously. They also said they could report concerns to the commission as well as to the provider.

Risks to people's safety had been assessed and actions taken to mitigate these risks. Care plans contained risk assessments for areas such as mobility, falls, the use of bed rails and the safe moving and handling of people. All of the risk assessments had been reviewed regularly and where risks had been identified, the care plans contained clear guidance for staff on how to reduce these. For example, moving and handling plans contained details of any equipment that staff should use and any additional detail such as "often forgets to use Zimmer frame" and "ensure he is wearing his glasses". When the level of risk changed, care plans had been reviewed to reflect this.

Safe recruitment and selection processes were in place. We looked at the files for five of the staff employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. New staff were subject to a formal interview prior to being employed by the service.

The premises remained well maintained and safe. We found that all areas of the home were clean and most were free from any odours. On the first floor there was a strong odour at one end of the corridor. Cleaning staff explained that this area was cleaned everyday but that due to people's continence needs it was difficult to keep up with the cleaning required. The registered manager explained that this had been highlighted and a request for new flooring had been submitted. We saw that in sluice areas that paint was peeling and skirting boards were damaged making it difficult to clean these areas properly. This had also been identified and a request to have these areas redecorated had been submitted.

Staff had access to personal protective equipment such as gloves and aprons to minimise the risk of infection and cross contamination. Each unit was allocated a minimum of one housekeeping staff each day. Cleaning responsibilities were identified in cleaning schedules which housekeeping staff signed to say when tasks had been completed.

Good

Is the service effective?

Our findings

During our last inspection on 28 June 2016 we found that where people were still awaiting a best interest assessment to authorise their deprivation of liberty, best interest decisions had not always been recorded. This was a breach of Regulation 11, Need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements in relation to the law. We found on this inspection the provider had taken all the steps to make the necessary improvements.

The CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications had been submitted by the provider. These applications were reviewed each year and the necessary reapplications submitted.

Consent to care and treatment was sought in line with legislation and guidance. We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them. Records showed that relevant health professionals and people's advocates were involved in the decision making process. For example, we looked at best interest decision records in relation to the use of bed rails and sensor mats.

Training in this subject had been undertaken by staff. We observed that people were asked for their consent before staff assisted them. For example, we heard staff asking people if they wanted to go back to their rooms or if they wanted to sit somewhere more comfortable. Comments from people included "Staff ask for permission and explain things when necessary" and "Staff check up with me before carrying out care".

The needs of people using the service were met by staff who had the right knowledge, skills, experience and attitudes. New staff completed a thorough induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. The induction period also included staff shadowing experienced staff members. Records we viewed showed staff had received the necessary training to meet the needs of the people using the service.

All of the nurses we spoke with said they had access to training and development in order to meet professional requirements. Examples included external training for catheterisation, venepuncture, and

cannulation. All said they had regular competency checks to ensure they were practising safely and in line with best practise. In addition, the provider had links with local organisations to provide sector specific training; for example the local hospice had been providing end of life distance learning for care staff that was specific to caring for people with dementia.

People were supported by staff who received regular supervision and support. Staff received regular supervisions (one to one meetings) with their line manager. These meetings enabled them to discuss progress in their work; their training needs and development opportunities. During these meetings there were opportunities to discuss any difficulties or concerns staff had and any other matters relating to the provision of care. Staff said they received regular supervision sessions and annual appraisals. All of the staff we spoke with said they felt well supported in their role.

People and their relatives were complimentary about the food they received. Their comments included "Food is very good. I commented that I like spicy food and they have now put it on the menu. We have the most beautiful curries", "I get enough food and I like the good choices. If I don't like the choice chef will get me something different" and "Food is quite nice. I am used to eating everything. I enjoy good plain cooking, nothing too fancy. Good choice usually".

One relative told us "They give her the correct sized portions. She gets shown meal choices. They will show her the actual meals and encourage her to choose. She eats by herself usually but there are days when staff will sit by her and support her".

People were supported to have enough to eat and drink. Care plans contained malnutrition risk assessments and people's weights were regularly monitored. When people lost weight, records showed that staff responded quickly, informing the GP and seeking additional support and guidance. For example, one person's care plan showed that they had lost weight over the course of a month. The GP had been informed and they had been prescribed nutritional supplements. The person had their food and fluid intake monitored and had subsequently gained weight. Another person who had lost weight had chosen not to have any nutritional supplements. This choice had been clearly documented and instead, the chef was providing them with a high calorie diet and puddings.

One person required their nutrition via a percutaneous endoscopic gastrostomy tube (PEG), which is used when people are unable to swallow or to eat enough. The nutrition nurse had visited the person regularly and the plan in place in relation to care of the PEG and feeding regime was clear and detailed, including details of which angle the person should be positioned in during a feed and afterwards.

Some people were having their food and fluid intake monitored. All of the charts that we looked at had been completed in full. In addition we saw that staff monitored the content of fluid charts and that it was easy to see at a glance whether people were receiving their daily target fluid intake. Daily progress records also showed that staff were aware that people's intake was being monitored and that any concerns were to be escalated.

Mealtimes were generally relaxed. We saw that some people ate in communal dining rooms and some ate in their rooms. When staff assisted people they did so in a respectful way. Staff told people what the food was, asked if it was nice and whether the person wanted more. However, we did observe one member of staff standing beside one person and feeding them soup from a spoon, rather than sitting alongside them. People were given encouragement to eat and we heard staff saying "Is that nice? Go on, have some more". When one person said they didn't want the food on the menu staff offered to get them something else and offered a variety of choices to them. In one person's care plan, it had been documented that they needed to

use adapted cutlery at meal times and we saw that this was provided.

People had access to on-going health care. Records showed that people's well-being had been reviewed by professionals such as the memory clinic team, the safeguarding team, the nutrition nurse and the GP. The GP visited weekly and we saw records of how staff identified people who needed to be reviewed, the reasons why and the outcome of the review. Comments from people using the service included, "The GP came in to see me the other week and I've seen the chiropodist and an optician", "I speak to the nurses if I'm not feeling well and they will call the doctor for me if I ask to see him" and "I'm getting new teeth soon the dentist has been in to see me".

Good

Is the service caring?

Our findings

People and relatives spoke positively about the care and support they or their family member received. Their comments included "Staff respect each other, communication between them is good and they are all so friendly. They are all extremely well-mannered towards each other and ourselves, "Staff are all so friendly and caring. No problems at all with staff", " All staff are very friendly, nurses, carers, and cleaners included", "Actually all lovely people will do anything for you", "Excellent staff couldn't ask for anything better, " Staff are kind and caring. They always look in on me when they are passing with smiles and laughter. They cheer me up".

People were treated with kindness and compassion. We observed some positive interactions between all staff (not just care staff) and people using the service. Examples included one member of staff asking a person who had just moved to the service what they would prefer to be called. On another occasion the chef came into the dining room during the lunch time meal and asked if people were enjoying their meal. We heard one person say they wanted to sit by the window in the sunshine, and a member of staff took them to an area where they could do this. Before leaving them, they asked if they wanted the window open, and were they comfortable where they were sat.

During our visit we saw many acts of kindness from staff. For example, one person had spilt a drink on their top. A member of staff, without fuss, said "Let's go and find something clean". The person returned wearing a clean top and smiling. On another occasion one person who was due to go outside said that she had her slippers on. "I'll go and find you some shoes" was the response from a staff member.

Staff knew people and their needs well and had developed caring relationships. We observed kind and respectful interactions where people were given time to express themselves fully. Staff were responsive to requests for support and reassurance. For example, on one occasion a person was extremely upset. A staff member distracted the person by asking if they would like to go for a walk.

People's privacy and dignity was maintained. Staff knocked on doors prior to entering people's rooms and personal care took place behind closed doors. When people received personal care staff told us they made sure this was done behind closed doors and at a pace appropriate for the person. One staff member told us "I always explain what is happening and ask if they are ok before giving any care. I try to encourage people to be as independent as possible. For example, I will give people their toothbrush or face cloth and support them to do as much for themselves as possible". Comments from people using the service included "I leave my door open so I can see everybody so staff don't need to knock but always say hello before coming in", "They (staff) are very respecting of privacy. They knock on the door and come in to see if all is well", They treat me with respect when showering me", and "Staff close door during intimate care".

We observed people were comfortable in the presence of staff. We saw that when people were approached by staff they responded to them with smiles or by touching them which showed people were comfortable and relaxed with staff. Staff took their time with people and did not rush or hurry them. For example, during our visit we saw a staff member supporting one person with great care and sensitivity. They were aware of

the person's social and emotional needs and the fact that they felt safer sitting on the floor of their bedroom. Staff delivered person centred care in that they joined the person on the floor and communicated with them in a way that they could relate to.

Staff spoke positively about their roles. Comments included "The care is good here, we treat residents as individuals" and "I cannot praise the care staff enough. It's very rewarding working here. I want to make a difference and for residents to have the best of what we can give".

People were supported to maintain relationships with their family and friends. Relatives we spoke with said they were welcome to visit anytime and that there were no restrictions placed on when they could visit their family member.

People's bedrooms were personalised. People were surrounded by items within their rooms that were important and meaningful to them. This included such items as books, ornaments and photographs. People and their relatives told us they liked the bedrooms. Comments included "We chose a room with an outside view but she loves looking out and the view was restricted so we asked if there was a room with a more panoramic view. When one became available they moved her in", "My room is lovely, very good", "Lovely room, I've got all my things about and around me" and "The handyman helped us move in Mum's furniture, couldn't believe it. Very pleased with the room, beautiful views over open fields".

Care plans contained details of people's choices and preferences in relation to care they wanted at the end of life. This included their choices around whether they wanted to be admitted to hospital or to stay at White Lodge. As discussed previously we were told that care staff were attending training provided by a local hospice in order to meet the end of life needs for those people living with dementia.

Good

Is the service responsive?

Our findings

During our last inspection on 28 June 2016 we found that people's care plans did not always contain the most up to date information to enable staff to be responsive to people's needs. Information within care plans was sometimes contradictory. This was a breach of Regulation 17, Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements in relation to the law. We found on this inspection the provider had taken all the steps to make the necessary improvements.

People received personalised care that was responsive to their needs. Care plans were person centred and provided clear and detailed guidance for staff. All of the plans we looked at contained life history information about people's lives prior to them moving to the home.

Care plans showed that people's preferences, likes, dislikes and choices had been included as part of the care planning process. For example, in one person's sleep plan it had been documented "Doesn't like the curtains closed at night" and in another plan it detailed "Likes one pillow for her head and one pillow behind her back". People's preferences in relation to their personal care needs had been documented, including whether people preferred a bath or a shower. In one person's plan it had been recorded that they preferred to have a shower every day and daily records showed this had happened in accordance with their preferences. In another person's plan it had been documented that they preferred a shave every day and when we saw them they were clean shaven.

People's communication plans were detailed. For example, in one plan it had been documented that staff should ensure they "Face the person, make eye contact and speak clearly and slowly". Some people using the service occasionally displayed behaviour that might upset others. In these instances, the care plans informed staff how to diffuse any potentially upsetting behaviour. In addition, some people occasionally displayed signs of agitation and again the plans provided clear guidance for staff on how to assist people when this happened. For example, in one plan it had been documented that the person would purposefully walk when agitated. The guidance for staff was "This can be relieved by talking and holding her hand".

Some people using the service had pressure care wounds. Care plans in place were detailed, and photographs had been regularly taken in order for staff to monitor signs of improvement or deterioration. One of the nurses had undertaken additional training and was the Tissue Viability Nurse for the service which meant staff had access to specialist advice. When people had been assessed as being at risk of pressure sores, the care plans provided guidance for staff on how to prevent this happening. For example, people had air mattresses in place and were having their position changed regularly. Position change charts had been completed in full to show that this had happened. Air mattresses were set in accordance with people's weights and all of the mattresses we looked at were set correctly.

When relatives or friends had been part of the care planning process this was documented. We saw that

relatives had provided information about their family member's routines and preferences. Care plan reviews with people's relatives were undertaken regularly and this was also documented, including feedback from relatives. All of the feedback we saw within the reviews from relatives was positive.

During our last inspection on 28 June 2016 we found that there was a general activity programme in place. However, there were not enough meaningful activities for people to access in groups or as individuals to avoid social isolation This was a breach of Regulation 17, Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements in relation to the law. We found on this inspection the provider had taken steps to make the necessary improvements.

People had a range of activities they could be involved in. People were able to choose what activities they took part in. Two full time activity coordinators planned and delivered a programme of events, supported by outside entertainers and volunteers. The activity coordinators complemented each other in that one was skilled in arts and crafts and the other was a qualified exercise and complementary therapist, specialising in Zumba, Yoga, Reiki, and aromatherapy.

Activities included music for health, Zumba, Yoga, singing, arts and crafts, quizzes, trips out to local places of interest, garden walks, exercise and music and movement, card games, story reading classic cinema and complementary therapies. Themed days such as fish and chip day and world environment day were a feature of the activity programme. A gentleman's club was much enjoyed and people were introduced to new interests and activities such as fishing.

A programme of one to one activities followed peoples' interests. A person who enjoyed bird watching was enabled to continue with their interest. People could join the fishing group supported by local fishermen.

Care plans contained details of the type of activities people preferred and whether they wanted to participate in group activities, for example in one person's plan it was documented that they preferred to stay in their room and read or watch TV. The plan also detailed that this person liked dogs and it had been documented that the activities team had taken the person for walks to see some dogs several times.

Recording of peoples' participation in the activity programme indicated peoples' level of participation and preferences. Group participation was recorded on an evaluation sheet and one of the activity coordinators explained that individual participation was recorded in people's care plans. The information was used to monitor the activity programme to ensure it was meeting people's need and interests.

Comments from people and their relatives included "One coordinator tells us what Mum has done. Very forthcoming letting us know what is happening. They send us a letter out detailing what is going on", "Activities people certainly enjoy what they do and get people involved in things" and "They (activity coordinators) enjoy what they do and take a pride in what they do".

One relative told us "There are things put on every day. The activity coordinators work hard to put on different things. They take her (mother) to stimulating activities to try to get her out. Sometimes she will join in. They make a point of taking her if she agrees and sit her on the edge so she can go back to her room if she wants". One person told us "There are lots to do if you want to. I like the singing and exercises". Another person said "I like going to the lakes for fish and chips".

Staff we spoke with felt that opportunities for people had improved since our last inspection. However they still felt that some people who were in there rooms were lacking interaction. One staff member told us "One to one time is not always available for people and we do not always have time to spend with people outside of giving them care". Another staff member told us "There is not always enough time to spend with those people who are in bed. (The registered manager) is fighting for more hours. We could do with an activity coordinator on each floor".

Staff told us that there was no activity provision on a weekend for those people who might not have relatives visiting. They said it was difficult to find the time to provide activities with all the care and support that was required. One staff member told us "We don't always have the time to do activities on a weekend or an evening. The activities should be spread across the week".

A copy of The White Lodge's complaints policy was available for people using the service and visitors to access. It outlined the chain of escalation if people were not satisfied with the service they were receiving. Information on where to go to outside the organisation was included. People and relatives told us they felt that they could approach anyone if they had a complaint, and were confident that it would be addressed. Their comments included "Concerns are usually sorted straight away by the manager" and "I have no complaints at all. Little things get mentioned and dealt with quickly". One relative told us "At one point my relative was losing weight. I commented to them but they were aware. It's all sorted and she's not losing weight now".

Good

Is the service well-led?

Our findings

There was good management and leadership at the service. There was a clear organisational structure where all staff knew their roles and responsibilities. The service had a registered manager in post who was supported by a deputy manager (Clinical lead). A registered manager is a person who has registered with CQC to manage the service.

Staff said they were aware of the improvement plan following the last inspection. One staff member said "Everybody has worked so hard, we want to get a good report" and another staff member said "We're always looking to improve". One staff member told us "I think it's good that we have so many checks and audits. We've made lots of changes such as improved communication, and medicines management is very strict".

As part of improving the service the registered manager explained how The White Lodge was participating in Barchester's 10-60-60 Dementia training programme, part of which is aimed at providing themed areas designed to stimulate people's senses. To date, entertainment, garden, shopping and transport areas have been created. The aim is also to support people to be able to orientate themselves by being able to identify with the different areas and enable them to move independently around the home.

Staff said they attended regular staff meetings and felt well informed. Most staff spoke highly about the registered manager. Comments included "She (The registered manager) is very good, approachable and very visible", "Since (The registered manager) has come here it is a better place to work. I am enjoying the changes she has made. They have really worked" and "The manager comes round regularly and does lots of checks". One staff member said "The manager is very strict about standards of care". Although some staff said they felt valued, not all did. For example, one staff member said "I feel like an anonymous cog in a big wheel" and "We don't see the directors very much".

The provider had effective systems in place to monitor the quality of service being delivered and the running of the home. Audits were carried out periodically throughout the year by the registered manager, deputy manager and the senior management team. The audits included safe medicine administration, staffing levels, health and safety, care planning and a whole home audit which looked at all areas within the home. Whenever necessary, action plans were put in place to address the improvements needed which had been signed off when actions were completed.

The registered manager and deputy manager undertook 'Spot checks' where they periodically visited the service unannounced during the evening, night time and weekends to monitor the quality of care being provided. Daily checks of monitoring records were undertaken to ensure they were being completed correctly.

Accidents and incidents were investigated and plans put in place to minimise the risks or reoccurrence. These were reviewed monthly by the registered manager to identify if there were any trends or patterns. Reflective analysis took place for incidents such as choking or falls. They recorded details of the incident, what was in place currently to minimise the risk and also learned from mistakes by ensuring robust

procedures were put in place to prevent re-occurrence. For example, where one person had been identified as being at risk of choking after an incident, referrals to appropriate health professionals had been submitted and a risk assessment had been put in place to minimise the risk of reoccurrence.

Staff members' training was monitored by the registered manager to ensure their knowledge and skills were kept up to date. There was a training record of when staff had received training and when they should receive refresher training. Staff told us they received the correct training to assist them to carry out their roles.

People and their relatives were encouraged to give their views about the service they received. Resident and relative meetings took place periodically throughout the year. Relatives and friends could comment on an independent website for care homes. Comments included "The nursing staff are very caring. The activities are well organised and good fun", "Mum is very happy and well looked after and that is all we can ask really. If anything I think her quality of life has improved. All in all we are very happy and have recommended the home to others" and "The staff here are nice caring people and they always try to be helpful to my husband and are patient with him. I feel I can visit anytime and am always made welcome".

The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.