

Finbond Limited

Whitchurch Lodge

Inspection report

154-160 Whitchurch Lane
Edgware
Middlesex
HA8 6QL

Tel: 02089525777

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24 March 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook this unannounced inspection on 24 March 2016. Whitchurch Lodge is registered to provide personal care and accommodation for a maximum of 32 people, some of whom may have dementia. At this inspection there were 28 people living in the home.

At our last inspection on 10 July 2014 the service met all the regulations we looked at.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People informed us that they were satisfied with the care and services provided. They had been treated with respect and dignity and felt safe living in the home. There was a safeguarding adults policy and suitable arrangements for safeguarding people. Care workers were caring and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them had been assessed and care workers provided with guidance on minimising identified risks.

Care workers prepared appropriate care plans which involved people and their representatives. Personal emergency and evacuation plans were prepared for people and these were seen in the care records. People's healthcare needs were closely monitored and arrangements made for them to be attended to. There was evidence that people had access to community healthcare professionals and specialist hospital services. This was confirmed by people and their relatives.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Residents' meetings had been held for people and the minutes were available for inspection. The home had an activities programme and we saw people being encouraged to participate in social activities.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. During this inspection we found that the home had followed appropriate procedures for complying with the Deprivation of Liberty Safeguards (DoLS) when needed.

There were suitable arrangements for the provision of meals to ensure that people's dietary needs and cultural preferences were met. People were satisfied with the meals prepared and healthy eating was encouraged. People had been given their medication and this was confirmed by them and recorded in their medicine administration charts (MAR)

There were arrangements to ensure that care workers were carefully recruited and provided with induction and training to enable them to care effectively for people. They had the necessary support, supervision and appraisals from their managers. There were enough care workers to meet people's needs.

People and their relatives expressed confidence in the management of the service. The results of satisfaction surveys and feedback from people indicated that they were satisfied with the care and services provided. The staff survey indicated that care workers were satisfied with the way they were managed. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity and providing a high quality of care within a homely environment.

The premises were clean and tidy. Infection control measures were in place. There was a record of essential inspections and maintenance carried out on equipment. There were arrangements for fire safety which included alarm checks, drills, training and a fire equipment contract. We however, noted that there were no regular temperature checks of the hot water or any maintenance checks of the temperature mixer valves to ensure that people were not at risk of scalding. Checks of the emergency lighting had not been recorded and two windows in two bedrooms did not have restrictors. These are needed to ensure the safety of people. The provider took prompt action following this inspection to rectify the deficiencies identified.

There was a complaints procedure. Complaints made had been promptly responded to. Feedback had been sought from people and their representatives. However, the service did not have comprehensive and regular audits and checks which included checks on care documentation, accident records and health and safety checks of the premises. These are needed to ensure the safety and welfare of people.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. All necessary action to ensure the health and safety of people had not been taken when the home was inspected.

Staff knew how to recognise and report any concerns or allegation of abuse. Risk assessments were in place and staff had been provided with guidance on minimising potential risks to people. Arrangements were in place to ensure people had been given their medication.

There were sufficient care workers to meet people's needs. The home was clean and tidy.

Requires Improvement 

Is the service effective?

People's healthcare needs had been monitored and attended to. They had access to healthcare services and the service worked with healthcare professionals to effect improvement in people's health. People's nutritional needs were met.

Care workers were well trained and supported to do their work. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Good 

Is the service caring?

The service was caring. People and their relatives told us that care workers treated people with respect and dignity. People's privacy was protected. Care workers were able to form positive relationships with people and they were responsive to their needs.

Residents meetings and care reviews had been held. People and their representatives, were involved in decisions about their care.

Good 

Is the service responsive?

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices. Care workers had a good understanding of the care to be provided for people.

Good 

There was an activities programme and people were encouraged to participate in activities. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Some aspects of the service were not well-led. The service did not have comprehensive and regular audits and checks which included checks on care documentation, accident records and health and safety checks of the premises. These are needed to ensure the safety and welfare of people.

Satisfaction survey had been carried out and the results indicated that people and their relatives were satisfied with the management of the home. Staff worked well as a team and they informed us that they were well managed.

Requires Improvement 

Whitchurch 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.

The inspection took place on 24 March 2016 and it was unannounced. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home. Prior to the inspection the provider completed and returned to us 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.

There were 28 people living in the home. A small number of people did not provide us with any feedback because of their dementia. However, 7 people we spoke with were able to tell us about their experiences. We spoke with four relatives, a healthcare professional, a friend of a person who used the service and a visitor to the home. We discussed the care provided for people with the registered manager, six care workers and the chef. We observed care and support in communal areas and we looked at the kitchen, garden and people's bedrooms. We reviewed information we received from the local authority.

We reviewed a range of records about people's care and how the home was managed. These included the care records for six people living there, four staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the home.

Is the service safe?

Our findings

A small number of people with dementia did not express their views to us. Others were able to speak with us and they stated that they felt safe in the home and were satisfied with the care provided. This was reiterated by relatives and visitors to the home. A person who used the service said, "It's very good here. The bedrooms are clean." Another person said, "I am happy here. I am settled." A third person said, "It's safe enough here. It's great here." A relative said, "My relative is safe. They always have staff around- staff seem fantastic. There is enough staff."

The home had a current certificate of insurance. There was a record of essential maintenance carried out. These included safety inspections of the hoist, portable appliances and electrical installations. The fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried. We noted that only two had been carried out in the last twelve months. The registered manager stated that more would be carried out. Soon after the inspection, she confirmed that a third drill had been carried out.

We noted that warning beeps were noticeable on the ground floor. Care workers informed us that they came from the automatic fire door guards. The registered manager stated that the batteries of some fire door guards were running low. She informed us after the inspection that they had been changed.

The premises were clean and no unpleasant odours were noted. There was an infection control policy. Care workers and the registered manager were aware of the importance of observing hygienic practices. Care workers were aware of the arrangements for the laundering of soiled linen and the need to use special bags for transporting them to the laundry room.

We noted that there were no regular temperature checks of the hot water or any evidence of maintenance checks of the temperature mixer valves to ensure that people are not at risk of scalding. Checks of the emergency lighting had not been recorded. Two windows in two bedrooms did not have restrictors. These are needed to ensure the safety of people. The registered manager stated that they would be attended to. She took prompt action and informed us soon after the inspection that the checks of hot water temperatures and emergency lighting had been recorded and the window restrictors were now in place.

Appropriate safety arrangements and comprehensive safety checks are needed to ensure that the premises are safe and equipment used are in working order. We noted that that action was only taken following our inspection which identified areas where improvements were needed. Failure to ensure that all suitable safety arrangements are in place at all times is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. The registered manager stated that in future the home would have comprehensive checks and ensure that prompt action was taken to rectify deficiencies identified.

We observed that people were cleanly dressed and appeared well cared for. Care workers were constantly present and attentive towards people. People were able to approach care workers and moved about freely in the home.

The service had suitable arrangements in place to ensure that people were protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with pressure sores, falls, moving and handling and deterioration in mental health. Personal emergency and evacuation plans were prepared for people and these were seen by us. We noted that the falls risk assessment of a person who had experience several falls since December 2015 did not have their falls risk assessment updated within the past six months. The registered manager stated that it would be updated. Soon after the inspection she confirmed this had been done and the person concerned this person had been referred to appropriate healthcare professionals for assessment and support.

People informed us that they had been given their medicines. There were arrangements for the recording, storage, administration and disposal of medicines. There was a record confirming that unused medicines were disposed of. There was a policy and procedure for the administration of medicines. There were no gaps in the ten medicines administration charts (MAR) examined. If people were allergic to certain medication, these had been recorded. We noted that the medication trolleys had not been chained to the wall. The assistant manager stated that this was due to redecoration of the room. The registered manager took prompt action to secure it to the wall. The temperature of the fridge where medicines were stored was monitored. However, the temperature of the room where medicines were stored had not been monitored and recorded to ensure that medicines were stored at the right room temperature. The registered manager agreed that it would be done and she confirmed that it was done soon after the inspection.

We discussed staffing levels with the registered manager. On the day of inspection there was a total of 28 people who used the service. The staffing levels consisted of the registered manager, a deputy manager and at least four or five care workers during the day shifts. In addition there was a domestic staff and a chef. There was at least three care workers during the night shifts. People, their relatives and a visitor informed us that there were sufficient care workers and they were satisfied with the care provided for people. One relative stated that whenever they visited there was always care workers around. They stated that care workers ensured that the needs of people were met. Care workers we spoke with told us that the staffing levels were sufficient and enabled them to attend to their duties.

We examined four records of care workers who started work in the home recently. Safe recruitment processes were in place, and there was evidence that most of the required checks were undertaken prior to care workers starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and details of qualifications and experience to ensure that care workers were suitable to care for people. Two care workers who had been transferred from another home previously owned by the same provider did not have references. The registered manager stated that these staff had worked for many years for the company and were reliable and capable. She agreed to obtain new references for them and stated that letters requesting the references would be sent out very soon.

Is the service effective?

Our findings

The service was effective. People who used the service were supported by care workers who were knowledgeable and understood their care needs. One person said "The staff have helped me . I am very happy here." Another person said, "The food is good here. They ask us what we like." A visitor said, "People are well cared for. The staff are lovely." A relative said, "They staff do check and ask for our consent. My relative eat well and usually clear the plate. My relative's weight has remained about the same."

People's healthcare needs were closely monitored by staff. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of mental health problems. There was evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP. The registered manager informed us that none of the people who used the service had any pressure sores.

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for staff on meeting the dietary needs of people. For example, there was guidance for care workers on encouraging people to have more fluids to prevent dehydration. Another person liked tea and this was documented. We visited the kitchen and checked the menu. They were varied and balanced. We observed people eating their lunch. The meals were presented attractively and care workers told us that they had checked with people to ensure that people were happy with the meals provided. They stated that alternative meals can be provided if people wanted them. People told us they were satisfied with their lunch. Monthly weights of people were recorded. Care workers were aware of action to take if there were significant variations in people's weight. They stated that they would report it to their manager and if necessary, they would also report it to people's doctor.

Some people in the home had diabetes. We discussed their care with the managers and care workers. There was a policy on the care of people with diabetes. Staff were knowledgeable regarding the particular needs of people and the need for people to have sugar free food. Kitchen staff were aware of their dietary needs. People's health and treatment had been monitored by the community nurse. A healthcare professional we spoke with stated that they had no concerns regarding the healthcare needs of people.

Care workers were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Topics included mental health awareness, equality and diversity, moving and handling, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role.

New care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. The registered manager informed us that two staff had now been enrolled on the Care Certificate. Care workers said they worked well as a team and received the support they needed. The registered manager and deputy manager carried out supervision and annual appraisals of care workers. Care workers we spoke with confirmed that this took place and we saw evidence of this in the care workers

records. They informed us that communication was good and their manager was approachable.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. Mental capacity assessments had been carried out. We saw that mental capacity assessments had been carried out. Where people lacked capacity, details of their advocates or people to be consulted were documented in the assessments. The registered manager informed us that people living in the home had relatives or representatives who advocated for them. The registered manager and care workers were aware of the need for best interest decisions to be made and recorded when necessary.

Care workers were knowledgeable about the importance of obtaining people's consent regarding their care, support and treatment. They stated that they asked people for their consent or agreement prior to providing care or entering their bedrooms. This was confirmed by people we spoke with. People and relatives stated that care workers usually asked for their consent before providing care for people. The home has a policy providing guidance to staff on seeking consent from people.

We looked at the arrangements for Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. When people's liberty needed to be restricted to ensure their safety, the registered manager had submitted the application forms to the relevant authorities. We saw DoLS applications for people in the home had been submitted to the relevant authorities. Care workers had received the relevant MCA and DoLS training.

Is the service caring?

Our findings

People who used the service told us that staff were helpful and caring. One person said, "The staff are very nice." A second person said, "The staff always talk to me. They do show respect. They communicate well." A relative said, "Staff communicate well with my relative. They staff talk nicely to my relative- they do. A visitor said, "The staff are lovely. They do talk with people. They have also offered me tea when I visited." A visitor stated, "[My relative] has settled well. The staff help [my relative] and [my relative] has settled well."

We observed that care workers were friendly and pleasant towards people. We saw people approached care workers and the managers and engaged them in conversation. Care workers and the managers responded in a pleasant manner. They sat with people and chatted with them. People appeared to respond well. The atmosphere in the home was friendly and homely.

Care workers had a good understanding of the importance of treating people as individuals and respecting their dignity. The service had arrangements for protecting the privacy of people. We saw care workers knocked on people's bedroom doors and waited for the person to respond before entering.

People were supported to maintain relationships with family and friends. Relative told us that both they and people were well treated and people had made progress while at the home. People told us they had been able to keep in touch with their relatives and care workers communicated with them and kept them informed of progress.

Meetings had been held where people could express their views and be informed of any changes affecting the running of the home. Topics discussed include laundry services, bed time and meals provided. People confirmed that these meetings took place. There was a suggestion box beside the entrance where people could make comments regarding the home. We noted that the comments received were positive. The care records of people also contained a record of involvement form with details of discussions with people or their representatives regarding people's care.

We saw detailed information in people's care plans about their life history and their interests. Staff could provide us with information regarding people's background, interests and needs. This ensured that care workers were able to understand and interact with people. Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Staff we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. Staff informed us that they had received training on equality and diversity and they were informed during their induction to treat all people with respect and dignity. The registered manager informed us religious services had been held in the home. We noted that people participated in a religious service being conducted on the day of this inspection. The home had equipment for people with mobility difficulties. Special equipment such as hoists and ramps were available for them.

We visited bedrooms on each floor. The bedrooms we saw were clean, well-furnished and had been personalised with people's own ornaments and in accordance with their preferences. Various crafts made by

people and pictures of people were on display in the lounge.

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and care workers were responsive. One person said, "I join in the activities. I am very happy here. The staff respond promptly to the buzzer." Another person said, "They do take good care of me. I am happy with the way things are. I know how to complain but I have not complained yet." One relative said, "Our relative is very happy here. We were so lucky to find this home. It ticked all the right boxes. Whenever we visit our relative is well dressed. Our relative is physically better than previously. " Another relative said, "They take good care of my relative. They joke and listen to my relative. I have seen activities going on and my relative join in the activities."

Care workers provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. People's needs had been carefully assessed before they moved into the home. These assessments included information about a range of needs including those related to the premises, mobility, mental health, religious and communication needs. Care records contained photos of people. Care plans including night care plans were prepared with the involvement of people and their representatives. Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of people. There were reminders in the care records for care workers to read people's care plans.

We were informed by care workers that the choices and preferences of people were taken seriously. As an example of this, the deputy manager informed us that one had chosen to move to a bedroom on the ground floor and this would be furnished in accordance with their preferences. This person spoke with us and confirmed that this was true and they were looking forward to moving downstairs. We were also informed by the registered manager that the colour of the furnishings would be as requested. Care workers also stated that people could have their meals and breakfast in their bedrooms if they chose to. This was confirmed by people and their relatives.

Reviews of care had been arranged with people, their relatives and professionals involved to discuss people's progress. People's relatives confirmed that they had been involved in these reviews. We saw records of monthly reviews.

There was a programme of activities. These included bingo, simple exercises, entertainment sessions by visiting musicians, arts and crafts and ball games. On the day of inspection we noted that the activities organiser encouraged people to join in various activities and this included a ball game session. The activities organiser kept a record of activities people had engaged in. The activities organiser stated that there was a bird box in the garden which people liked. The home had two cats. The registered manager stated that people enjoyed having the cats in the home.

The home had a complaints procedure which was displayed near the entrance of the home. People and relatives informed us that they knew how to complain but they had not needed to complain as they were satisfied with the care given. Care workers knew they needed to report all complaints to the registered manager so that they can be documented and followed up.

Is the service well-led?

Our findings

People who used the service, their relatives, a friend, a healthcare professional and a visitor expressed confidence in the management of the home. One person said, "Staff are very polite and very approachable." One relative wrote, "I am very happy with the management. The staff really help my relative to settle." Another relative said, "The home is well managed. The manager always say hello to me." A third relative said, "The home is well managed. I am very pleased with the way my relative is looked after." The healthcare professional stated that the home maintained close liaison with them and they had no concerns regarding the care provided to people.

Care workers stated that they were well managed and their manager was approachable. We observed that care workers worked well together and went about their duties calmly and in an orderly manner. There was a clear management structure. The registered manager was supported by an assistant manager. Communication among the care workers was good. There was a daily handover of information and a handover book for care workers. Monthly meetings were held and we noted that care workers had been updated regarding management and care issues. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity and ensuring that people were well cared for in a homely environment.

Care documentation contained essential information such as their choices and preferences and details of regular care reviews. There was a record of visits made to people by social and healthcare professionals. There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety.

The registered manager stated that some checks had been done by her to ensure that the premises were safe and people were well cared for. However, we were not provided with documented evidence of regular and comprehensive checks and audits within the past twelve months. We had noted that there were a number of deficiencies related to health & safety of the premises, fire safety, emergency lighting checks, medication and care documentation which had not been identified and promptly responded to. This lack of effective quality assurance systems for assessing, monitoring and improving the quality of the service may affect the safety and quality of care provided for people and is a breach of Regulation 17

The service sought the views of people and the results of recent satisfaction surveys and feedback from people indicated that they were satisfied with the care and services provided. Feedback from care workers was obtained. The recent staff survey indicated that care workers were satisfied with the way they were managed and the support they received from their managers.

There was a record of compliments received. Comments made included the following:

"Thank you all for caring so well for our relative. Our relative enjoyed the company and friendship."

"I am pleased to visit and see the progress made by my relative. Thank you for always being so positive."

"Thank you for all for being so kind to me."

"Thank you for making my relative's short stay at Whitchurch Lodge so memorable."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider did not ensure that at all times the premises and equipment were safe and did not do all that was reasonably possible to mitigate against health & safety risks to people.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service.</p>