White Lodge Care Home Limited

White Lodge Care Home Limited

Inspection report

Bisham Road, Marlow, SL7 1RP
Tel: 01628 898281
Website: whitelodge_bisham@tiscali.co.uk

Date of inspection visit: 01 & 03 September 2015
Date of publication: 28/09/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

White Lodge Care Home is located near Marlow. It provides accommodation and personal care for up to 23 people. At the time of the inspection 21 people were living at the service. The Provider is heavily involved with the running of the home. There was a very homely welcoming feel to the establishment. The service offered a range of activities during the week, including quizzes, crafts, hairdressing.

White Lodge has a registered manager in post. 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.

The inspection was undertaken over two days and was unannounced. At the previous inspection undertaken on 02 October 2013 the service was found to be compliant in all standards checked.

Summary of findings

People told us they felt safe and content living at White Lodge, comments included “I definitely feel safe”, “It’s a happy place”; and “It’s so nice, so good you feel contented and safe.” This was echoed by family who visited the home, comments included “ I love it , I would move in tomorrow”, and “I cannot fault it”, “The staff always keep in touch.”

We found no concerns regarding staffing levels, and observed quick responses to call bells; this corresponded with what people using the service and their families told us. Comments included “They (staff) always respond very quickly”, “They (staff) are very prompt in their actions.” Staff were attentive, caring and aware of people’s preferences, likes and dislikes and how best to support them, they were also knowledgeable about their roles and responsibilities. Staff were aware of how to minimise risks to individuals and how to raise concerns when needed. Safeguarding information was available to staff and people who visited the service.

Healthcare professionals were very complimentary of the service. They felt staff were knowledgeable about the people they were supporting and identified issues quickly so appropriate action could be taken to prevent a deterioration in health or wellbeing.

Risk assessments were comprehensive and reviewed at regular intervals. Medicines were managed in safe way. We found people were complimentary of the food provided. Many vegetables and fruit cooked were grown on site and so were freshly prepared.

The service worked in line with the Mental Capacity Act 2005; however there was some misunderstanding around the use of assessments for people who were already deemed to have capacity.

We found that some pre-employment checks were completed for new staff, these included employment history, references, and Disclosure and Baring Service checks (DBS). A DBS is a criminal record check. Staff did not have a pre-employment health checks. This is a requirement for people who carry out a regulated activity. Staff received training appropriate to their roles, however refresher training was not offered consistently and regularly. There was not a robust system in place to monitor when staff needed refresher training. The service used a system to record training, but this was not routinely kept up to date.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Pre-employment checks for new staff did not follow the guidance laid down in legislation as the employer had no system in place to check that new staff were physically and mentally fit to carry out the role.

People told us that they felt safe.

Risk assessment covered a wide range of activities and were reviewed regularly.

Requires improvement

Is the service effective?
The service was not always effective.

Staff training was not updated in line with service's own policy.

Staff were aware of their roles and responsibilities.

People received effective and compassionate care, from staff who understood people's preferences, likes and dislikes.

Requires improvement

Is the service caring?
The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with respect and their privacy and dignity were upheld and promoted. People and their families were consulted with and included in making decisions about their care and support.

Good

Is the service responsive?
The service was responsive.

Relationships outside of the service were encouraged.

People were supported to access a range of healthcare and appointments were made promptly when changes identified.

Good

Is the service well-led?
The service was well led.

Management were visible and accessible, people who used the service and relatives had confidence in them.

Staff felt well supported by the management team and were confident that any issues raised would be dealt with.

Good

White Lodge Care Home Limited

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.

The Inspection took place on the 1 & 3 September 2015 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was planned and the team consisted of two inspectors. Prior to the inspection we reviewed information we held about the provider, this included notifications. A notification is information about important events which the provider is required to tell us about by law.

The provider did not complete a Provider Information Return (PIR) as this was not requested prior to the 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.

We spoke with the eight people living at White Lodge who were receiving care and support and a number of their relatives; the proprietor, the registered manager, two care staff, one cook and an activities co-ordinator. We also spoke with two Health Care Professionals visiting the service. We reviewed four staff files and six care plans within the service and cross referenced practice against the providers own policies and procedures.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe living at White Lodge. Comments included "I love it here, you feel so contented and safe", "I definitely feel safe." Pre-admission assessments were undertaken which identified risk including risk of falls, nutrition, fire, accessing the community. All risk assessments were both person specific and service specific were reviewed regularly. The registered manager had a system in place to ensure that each month a staff member was allocated to undertake reviews of care plan and risk assessments.

Staff were aware of how to protect people from unavoidable harm, and were knowledgeable on how to escalate concerns if needed. Training was undertaken but not always refreshed and updated with any changes to best practice. The local safeguarding team contact telephone number was available for staff and people who visit the home.

Risk assessments helped the service manage risks both within the home and when people accessed the community or garden area. The service had an allotment area, which people were encouraged to help manage, a risk assessment was in place for this and identified actions taken to minimise the risks to people.

Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Baring Service checks (DBS). A DBS is a criminal record check. We saw no evidence of the provider gathering satisfactory information about staff members physical and mental health. This is a requirement for people who carry out a regulated activity. We asked the registered manager if they did obtain this information and they confirmed they did not. This meant that people had not been thoroughly assessed to ensure their suitability to work. However we saw no evidence of high absence rates among staff and the registered manager advised that the use of agency staff was non existent.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not ensure they had made all required pre-employment checks.

Where people were prescribed medicines, this was stored safely, and provisions were in place to securely store controlled medicines. Staff had undertaken medicine training prior to being able to administer them. A competency check for staff was available but not routinely and consistently used. Some staff members had not had update or refresher training on medicines for a number of years. This demonstrated that the service did not follow its own policy for refresher training. That being that it would be refreshed every two years.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not ensure staff received refresher training in line with their policy, and current best practice.

Staff regularly undertook fire evacuation simulation and personal emergency evacuation plans were in place for people. The fire alarm system was regularly serviced and the service's fire management was recently inspected. Recommendations were made and the management were actively working on resolving the issues identified.

We observed that staffing levels were adequate to meet people's needs, this was supported by observations that staff responded to call buzzers very promptly, this is also what people who use the service told us, " Staff are so attentive", "They respond very quickly when I press my bell", "If I need help, they(staff) come and help me straight away. The service had additional support from the provider, who was always on call and spent a lot of time during the day at the service to support staff. One person described the staff as "Dedicated and conscientious."

The registered manager had systems in place to audit medicine stocks and these were regularly reviewed. A recent audit undertaken by Boots Chemist did not identify any concerns regarding medicines.

The service had daily support from housekeeping and cleaning staff. People told us they felt the service maintained good standards of cleanliness, one family member told us, "its always clean, I am very happy with the care X is receiving"; one person told us that their room gets cleaned every day. We observed the rooms were personalised and had a good range of on-suite facilities, ranging from walk in showers, to baths with hoist. Where hoists were used these were regularly and routinely serviced.

Requires improvement

Is the service effective?

Our findings

People received effective and compassionate care, from staff who understood people's preferences, likes and dislikes. People told us they felt staff knew them, "Look they even know which cup I like", "I know the staff really well, some have been here years, and some who have left are due to come back." There was a consistent staff group, some members of staff working in the service for over 5 years, one person described the staff as "Dedicated and conscientious."

There was an induction process in place for new staff; however there was a lack of evidence around competency. On the day of our inspection we observed a new member of staff shadowing more experienced care staff and witnessed that provision had been made on the rota for following shifts. The registered manager informed us that staff undertook a 3 month probation period, and within that period staff were monitored and supported to undertake induction training. One new staff member was working through the Care Certificate. The Care Certificate sets out explicitly the learning outcomes, competences and standards of care that will be expected by health and social care workers. The registered manager advised that they spend time with new members of staff; however we found no evidence of competency checks during the induction period, for example, evidence of formal meetings, or being assessed as competent in completing their job role. The registered manager acknowledged that competency was not evidenced and advised that they will be recording this in the future. One staff member currently on induction stated " I feel confident that they are teaching me what I need to know."

Staff did receive regular supervision and annual appraisal which were recorded in line with the service's own policy. Staff training consisted of a mixture of e-learning, videos, and practical assessments. The service employed a qualified nurse once a week to offer support to staff to ensure training is kept up to date. A competency questionnaire was used to identify gaps in knowledge. Training was tailored to those gaps, however refresher training was not offered consistently and regularly. There was not a robust system in place to monitor when staff needed refresher training. The service used a system to record training, but this was not routinely kept up to date. We found one member of staff had not undertaken infection control training for ten years. We questioned this with management who were unable to provide evidence that they had completed infection control training since 2005. Three other staff records were reviewed and evidenced that refresher training was not undertaken in line with the services own policy. Staff informed us that they would like to have refresher training more often.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not ensure staff received refresher training in line with their policy, and current best practice.

Management and staff were aware of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make a certain decision, at a certain time. Staff had received training and were able to communicate how they obtained consent from people. We observed that people were involved in decision making. People were involved in monthly reviews of care plans. However we found that mental capacity assessments had been undertaken for people who did not lack mental capacity. This was a misinterpretation of the principle of the Act, where capacity must be assumed unless actions or behaviours question if someone had a lack of capacity. When we questioned the registered manager about this, they advised that the forms were used to evidence that they had considered the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection three people were awaiting a specialist assessment for a DoLS, this is the legal framework which authorises levels of support and safeguard measures for people who lack capacity in specific decisions.

People informed us that the food was "Nice food", "Food is good", "The food is nice and you get lots of it." We observed a lunchtime meal, this was informal, relaxed and people were involved in what they wanted to eat. A number of people needed soften food, this was presented well. Staff supported people who needed it; this was carried out patiently and respectfully. Staff also ensured the dignity of people. Nutritional needs were reviewed monthly and where there was concern about people this was handed over from shift to shift.

Requires improvement

Is the service effective?

The service had its own allotment and vegetables and fruit are prepared and cooked. There was a good selection of fresh vegetables. The cook advised that they were aware of people's preferences and choices, and staff were also knowledgeable of this. People who were newly admitted to the service were always consulted on food preferences.

People had access to a wide range of health care professionals, where needed appropriate referrals were made, for instance one person was seen every day by the District Nursing team, and another was reviewed by the Community Psychiatric Team. Health care professional we spoke with were very complementary of the service. Comments included, "They lets us know when there are any changes", "Staff have good knowledge of the people", "They are very organised and always send me a list of who needs to be seen before I come". The registered manager undertook daily checks of pressure relieving equipment to ensure that equipment was effective. Concerns regarding people's health was responded quickly, we observed a follow up visit by Health care professionals after concern about pain had been identified.

Both building and gardens were in good repair, where the management had identified changes actions were in place to replace worn items. A planning application had been made to improve the environment, the responsible individual informed us that they are hoping to extend the lounge area and create a cinema and renaissance area.

The building with suitably adapted for wheelchair use and all areas within the home and garden were accessible. People were supported to use the garden. A number of rooms had access directly to the garden, one with its own courtyard garden.

A number of people were able to access the local community; activities included attendance at church and visits to garden centres. No restrictions were placed on visitors. Relatives we spoke with were pleased with the service, "Its little things like they sorted X TV straight away when it broke… I came last Sunday and had a lovely roast with X."

Good

Is the service caring?

Our findings

People we spoke with felt that the staff were caring, “Staff are very obliging”, “Staff are so lovely, girls are so kind”, “The staff are dedicated.” Relatives told us, “I would move in tomorrow, it’s just like walking into your own home”, “X is extremely well looked after”, “They (staff) are patient and caring I think X is well looked after.”

We observed caring and compassionate support by staff, who understood people and were knowledgeable of their personal preferences. We saw that life history and meaningful relationships were recorded. New staff members were given time in the induction period to read this information. Staff were able to communicate to people about family members and events that had happened.

People appeared very relaxed in the company of staff, laughing and joking with staff. Where people did become distressed this was responded to promptly and with compassion. Staff were aware of people and responded quickly when concerns about welfare occurred, for instance someone who coughed while eating was quickly supported to ensure that they were safe.

Staff spoke to people while complex manual handling was being undertaken, every action was discussed with the person, and questions were asked if they person felt safe and comfortable. People were involved in decisions, people were supported with requests promptly, for instance someone asked for tissues and these were provided immediately. Another person asked for a cushion and this was provided straight away. People we spoke with felt involved in decisions, we observed staff seeking permission from people before actions were taken. Staff asked people what they wanted and offered choice.

Staff we spoke with were knowledgeable on how to promote peoples dignity, we also witnessed this in action, where complex manual handling was undertaken in communal areas, and this was conducted in a manner that maintained the individual dignity. People felt able to stay in their rooms if they wished to. We observed that staff respected peoples own space and always sought permission prior to entry.

The design of the bedrooms was such that if someone chose to keep their door open there was private space not visible from the door, to ensure privacy and dignity.

People were supported to be as independent as possible; one person managed their own hospital appointments and had arranged transport for a forthcoming appointment. Where people were happy to discuss, end of life discussions and plans were recorded, this was accessible to all staff 24 hours a day if needed.

One person had received support from the palliative care team, but had been discharged due to an improvement in their health. Do Not Attempt Resuscitation Forms (DNRCPR) were in place for some people. One health care professional commented “It is a friendly cosy place, and people are very well looked after.” Another support staff member informed us that “It’s so caring; I would not hesitate to recommend it.”

Good

Is the service responsive?

Our findings

Pre-admission assessments were undertaken prior to people moving into the service, these assessments included information about people's medicines, medical conditions, previous occupation, family members and likes and dislikes. Post admission the management spent time with people to develop a full life history. We saw records of people's preferences. Care plans were comprehensive and reviewed regularly, every month people were involved in the review of the care plan. The registered manager had a system in place to ensure that these reviews were always undertaken.

Where changes in people's needs were identified, appropriate action was taken to get the support, for instance one person was being supported by the local mental health team. Staff monitored and evidenced changes in people's behaviour by the use of notes and charts.

Relationships with people outside of the service were encouraged and supported by staff. Where people had some memory loss staff were knowledgeable enough of people that they could start a conversation with them. We witnessed a number of people maintain contact with what was happening outside though reading of daily newspaper of choice. Rooms were personalised with activities and interest, from reading material, games, embroidery.

Where people wished to either get up early or late this was respected and supported. A number of people chose to eat in their rooms and this was always accommodated.

The activities co-ordinator provided five times a week activities, these activities had been developed in consultation with people. We observed an exercise group and people, who attended, were smiling and laughing as it progressed. Students also attended the service and participated in activities within the home.

On the inspection we saw a holy communal being undertaken this was well attended to by people. This was held in a private room and people looked engaged in the process. A number of people advised that they were looking forward to the service. This meant that people were supported to continue with their religious practice.

The provider informed us that they had applied for planning permission to extend the lounge area and created additional entertainment space. They have also identified that the speed of broadband connection needs increasing to help people to keep in contact with family via different media devices.

The service had not received any complaints. People we spoke with were aware of how to raise concerns, a complaints policy was in situ and there was information available for relatives and visitors. People told us "I can't grumble", "I have no complaints, but if I did I would know who to speak to." Relatives told us that "The manager is very approachable and always around, "I have no concerns, I feel I can talk to management, they are always available.

Good

Is the service well-led?

Our findings

The management team were very visible throughout the inspection, people told us that they were always available and the provider spent time every day at the service. All members of the management team, included the qualified nurse who attended once weekly were knowledgeable of people who live at White Lodge. Management demonstrated openness to communicate with relatives, healthcare professionals and staff.

Relatives informed us they were always kept up to date with any changes in needs, “They phoned me when X had a fall and they looked after X well.”

Staff informed us the registered manager was approachable to always available to offer support. Staff felt able to address concerns with the registered manager. “They are always on the floor supporting us.”

The registered manager was relatively new in post, having been registered since December 2014. They told us that they had developed their knowledge with the support from the provider. Notifications have been made when appropriate and they were knowledgeable of the new regulations and their responsibilities.

Staff meetings occurred six monthly, these were recorded, aims and goals were identified. Staff were included in the running of the service, each staff member had a specialist area and was given a responsibility to review care plans on a monthly basis.

The service did not formally offer resident meetings, as they found these to be poorly attended; therefore views of people who used the service were gathered monthly at care plan reviews and on an informal basis, as and when required. One person advised “I can speak to anyone at anytime, the management are always available.”

The service offered relatives an opportunity to feedback in a questionnaire every year, themes of feedback are recorded but no action plans are devised as a result. When questioned we were informed that this is due to actions being taken straight away. For instance a theme was that more vegetables were needed to be provided and now there was a wide range of vegetable available.

Stakeholders were also asked to provide feedback; little action was required from this feedback as it was extremely positive. The healthcare professionals we spoke with were very complimentary of the service and felt that staff engaged with them well. Where needed the service worked with wider agencies. Information and contact details were widely available for the local safeguarding team. Boots the chemist had recently undertaken a medication audit and the local Fire service have conducted a fire safety check.

Regular audits of medicine, fire and infection control were undertaken, however the infection control audit undertaken did not recognise that lack of refresher training offered to staff

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staff were not appropriately trained in line with best practice and the provider's policy**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The service did not ensure that satisfactory information about physical and mental health conditions was sought prior to employment**