

## White Lodge & St Helens

# White Lodge & St Helens

### Inspection report

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

White lodge and St Helens is a residential care home providing personal care for up to 55 people aged 65 and over. At the time of the inspection there were 54 people living at the home. The service does not provide nursing care.

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

Staff spoke knowledgeably about how to identify and report potential abuse. Staff were recruited safely with the service ensuring all necessary identity checks were completed before staff commenced their employment. The provider was running an ongoing recruitment programme for staff. There were adequate levels of staff available on each shift to ensure people were cared for safely.

Medicines were managed, stored and administered safely. People were supported to take their medicines safely by staff who had received the appropriate levels of training. A programme of medicine competency checks was in the process of being re-introduced.

People and their relatives told us they or their loved one enjoyed living at White Lodge and St Helens. They felt safe and received a good level of care and support. People were relaxed and comfortable with staff who knew them well and supported them in ways they preferred.

There was a clear risk assessment system in place. Risks to people's health, safety and well-being were regularly assessed, reviewed and updated. Where appropriate, people and their families were included and involved in their care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was an effective governance system in place. There were a variety of audits, policies, systems and procedures to monitor the quality and safety of the service. These ensured a culture of continuous improvement and learning took place and highlighted any potential shortfalls.

People, relatives and staff felt the service was well led. Staff spoke positively regarding the registered manager and the management team and felt well supported within their roles.

The service worked closely with a variety of health and social care professionals to ensure people received timely and effective care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was good (published 11 July 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained at good based on the findings of this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for White Lodge & St Helens on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# White Lodge & St Helens

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

White Lodge & St Helens is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. White Lodge & St Helens is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

During the inspection

We spoke with four people and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the deputy manager, the health and safety officer, the housekeeper, team leaders and care workers.

We reviewed a range of records. This included six people's care and support records and four people's medicine administration records. We looked at three staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and quality assurance reports.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and staff told us, White Lodge and St Helens was a safe place to live. One relative told us, "Yes [person] is very safe here. We do know most of the staff and they are all lovely and very approachable." A person said, "Of course I do feel safe." Another person told us, "I feel safe here, the staff are very good they are kind and nice."
- Staff received regular safeguarding training, understood how to report safeguarding concerns and spoke knowledgeably about the different types of abuse.
- The provider had policies in place that covered safeguarding and whistle blowing. These gave staff clear guidance to follow if they needed to refer any concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people and the service were managed so that people were protected and their wishes supported and respected. Staff demonstrated good knowledge on how people preferred their care and support to be given.
- Risk assessments were personalised, detailed and gave staff clear guidance on ensuring people were supported safely. Risks were managed using the least restrictive practices to ensure people were cared for safely whilst still maintaining their independence.
- People had individual emergency evacuation plans in place. These were accessible for staff to ensure people received the support they needed in the event of a fire or other emergency incident. Risks associated with the premises and environment were well managed. Corridors were clutter free and communal areas were tidy and free from hazards.
- The provider had a process in place to assess the risk of fire and regular premises, equipment and environmental checks were completed.
- There was a clear procedure in place for reporting and recording accidents and incidents. All incidents were logged on the provider's computer system, which provided clear oversight of all events. They were then reviewed, analysed and monitored by the registered manager for any trends or emerging themes. This ensured incidents were responded to appropriately and lessons shared and learned with staff.

Staffing and recruitment

- There were enough staff on duty to ensure people's safety. During the COVID-19 pandemic, staffing levels had fluctuated, and the service had used agency staff to ensure people were cared for safely. There was an ongoing recruitment programme in place and staffing levels had increased.
- One person told us, "I think they have had a problem getting staff, they do their best. I use the call bell all the time, they hear the bell and come in to see me. They are doing their best, they come eventually but they

can only do what they can. I like the staff."

- A relative told us, "There are always staff around if we need them. It is always clean and [person] is comfortable and well looked after."
- Staffing rotas reflected people were cared for by appropriate numbers of staff. We observed staff responding promptly to people's needs and they did not appear rushed. A member of staff told us, "Staffing levels have improved, we work well as a team and know people well. We know what works for them."
- Staff were recruited safely. Procedures were in place to ensure the required checks were carried out on staff before they commenced their employment at White Lodge and St Helens. Staff files contained references, health screening and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were stored and managed safely. Staff kept appropriate records of medicines ordered, received, administered and returned for disposal. There were protocols to help staff make decisions about when to administer medicines prescribed to be given when required.
- The medicine room and medicine fridge had temperatures recorded to ensure medicines were stored within safe ranges. Occasionally the medicine room became too warm, there was a fan in the room to manage the temperature when this happened. The registered manager told us they would purchase a small air conditioning unit to keep the temperature within safe levels.
- Staff administering medicines received training. Staff had received competency checks to make sure their practice remained safe, however for some staff, some elements of these checks were overdue. The registered manager told us they would ensure all staff had an up to date competency check completed immediately following the inspection.
- Where necessary people had been assessed in accordance with the Mental Capacity Act 2005 and decisions about medicines were made in their best interests. Staff were knowledgeable regarding the correct process to take should medicines need to be administered covertly, for example hiding medicines in food. Staff knew to obtain the appropriate authorisation from the pharmacist and GP before administering covert medicine to ensure this was safe.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.



- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was following government guidance in regards infection prevention and control and visiting in care homes.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led. During the previous year the service had gone through a high period of change regarding their management team. This had led to some unsettlement with the staff team. Staff told us they were now feeling more settled and appreciated the open and supportive culture at the service.
- People, relatives and staff told us they felt the service was well led, with a clear management structure in place. A member of staff said, "I feel supported in my role and the handovers work well. I'm quite happy here. I feel very free to talk with the registered manager and they would listen to me." Another staff member told us, "Everything is settling down now and we are all getting to know [registered manager]. I do feel supported. I can chat to anyone [staff] and they are ready to listen."
- A relative told us, "Yes, we are very happy with the home, they let us know how [person] is all the time. All the staff are fantastic. We have been able to do face time calls so it's all been very good. [Person] is very comfortable and happy here. We have met the new manager, they came and introduced themselves."
- Another member of staff said, "Staff have a lot of patience and kindness. Everything is addressed, people are treated as individuals. We know people well and we are getting to know the new residents as well. Its person centred and friendly, it is their home after all."
- The registered manager told us, "We have a great home, a really good team and the residents are lovely. The staff feel empowered and I trust them."
- People received individual, person centred care from staff who worked well together as a team for the benefit of people living at the home.
- The service operated a staff praise board where individual staff were praised and thanked for individual actions they had taken to support people to live their best lives at White Lodge and St Helens.
- The service operated a 'resident of the day' scheme which ensured each person received a full review covering all areas of their care and support needs each month.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon. The management team operated an open-door policy and were available if staff needed further guidance or advice. Staff confirmed this was the case and felt well supported and comfortable to approach any member of staff for additional guidance or support.
- Staff understood their role and had clear responsibilities.
- The registered manager demonstrated a good understanding of their legal responsibilities for sharing

information with CQC. Statutory notifications had been made to CQC as required by the regulations. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place.

- A range of audits and spot checks were undertaken to enable the registered manager and provider to ensure all areas of the service operated safely. These included; medicine management, care plans, health and safety, and infection prevention and control. This meant the service was continually improving, actions and lessons learnt were shared with staff during handovers and team meetings.
- There was evidence that learning from incidents was used to drive improvements. Investigations took place and appropriate changes were implemented.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team actively encouraged communication amongst everyone who lived, worked and visited the home. We reviewed a selection of the completed quality assurance questionnaires that had been completed, comments included: "I would recommend White Lodge definitely, I have no reason not to", "Cannot fault them, they are excellent", "I'm well looked after... Its clean I like my room", "I feel safe. Always satisfied with the staff, staff come quickly when I call", "The staff I have spoken with have been great at keeping me up to date."
- People, relatives and staff felt listened to and valued. They were confident their views and feedback would be acknowledged and acted upon. One person told us, "I've met [registered manager] they are very good. I've had a conversation with them, they would sort any problem. I think the home is well managed... it all seems to run well." Another person said, "Any problems I would have a quiet word and they would listen to me."
- Staff told us they had regular staff meetings which they found useful and helpful. The registered manager told us about the changes they had made to the daily handover meetings. These were now personalised and focused, staff told us it was an improvement and they liked the new system which worked well.
- The registered manager kept up to date through the receipt of briefings from CQC, regulation and adult social care guidance documentation.
- The service worked collaboratively with visiting health care professionals. Staff told us the support and guidance they had received from health care professionals and made positive impacts on the lives of the people who lived at the home.