

Krystlegate Limited

Whitebirch Lodge

Inspection report

104 Canterbury Road
Herne Bay
Kent
CT6 5SE
Tel: 01227 374633
Website: None

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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	

Overall summary

This inspection was carried out on 6 October 2015 and was unannounced.

Whitebirch Lodge provides accommodation for up to 19 older people who need support with their personal care. Accommodation is arranged over two floors and a stair lift is fitted to assist people to get to the first floor. There were 19 people living at the service at the time of our inspection.

A registered manager was in post and was present throughout the inspection. A registered manager is a person who has registered with the Care Quality

Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager, supported by two senior staff, provided leadership to the staff and had oversight of all areas of the service. Staff were motivated and felt supported by the registered manager and senior staff. The staff team had a clear vision of the aims of the service

Summary of findings

which was based on mutual respect and was to treat people as individuals and to give person centred support. Staff told us the registered manager was approachable and they were confident to raise any concerns they had with him.

There were enough staff, who knew people well, to meet people's needs. The needs of people had been considered when deciding how many staff were required on each shift. Staff were checked before they started to work at the service and were trained and supported to provide safe care. Staff met regularly with the registered manager to discuss their role and practice and any concerns they had. One person said "The staff here are all very nice, very pleasant."

Staff knew the signs of abuse and were confident about how to raise a concern. Plans were in place and staff knew how to keep people safe in an emergency. Possible risks to people had been identified and were managed to keep people as safe as possible.

People's needs had been assessed to identify the care they required. Care and support was planned with people and reviewed to make sure people continued to have the support they needed. People were encouraged to be as independent as possible. Detailed guidance was provided to staff about how to provide all areas of the care and support people needed.

Medicines were stored and administered safely. People had the support they needed to remain healthy and well. Staff responded to any changes in people's health needs, people told us that staff always called their doctor if they felt unwell.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards which applies to care homes. Arrangements

were in place to check if people were at risk of being deprived of their liberty. Systems were in operation to obtain consent from people and to comply with the Mental Capacity Act 2005. People were supported to make decisions and choices.

People were supported to participate in hobbies and activities they enjoyed. There was a lovely atmosphere, with lots of laughter, during a game of bingo and a crossword session. People were involved in planning the menu and were supported to have a balanced diet, everyone said the food was very good. A variety of equipment was provided to support people to remain as independent as possible. Staff listened to what people told them and responded appropriately. People were treated with respect and their privacy and dignity was maintained. People told us that they had no complaints and if they did they would speak to the staff.

The environment was safe, clean and homely. Maintenance and refurbishment plans were in place. Safety checks were completed regularly. Everyone had their own bedroom with en suite facilities and people told us that their bedrooms were comfortable.

The registered manager completed regular checks of the quality of the service provided. When shortfalls were found action was taken quickly to address these and prevent them from occurring again. People, their relatives and staff were asked about their experiences of the care. These were used to improve and develop the service.

Accurate records were kept about the care and support people received and about the day to day running of the service. This provided staff with the information they needed to provide safe and consistent care and support to people.

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 safe.

Risks to people had been identified and action was taken to reduce the risks.

Staff knew how to recognise and respond to abuse.

There were enough staff, who knew people well, to provide the support people needed at all times.

People were given the medicines they needed at the right times.

Good



Is the service effective?

The service was effective.

Staff followed the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to make decisions and staff offered people choices in all areas of their life.

Staff were trained and supported to provide the care people needed.

People received food and drinks they liked to help keep them stay as healthy as possible.

People were supported to attend healthcare appointments and staff supported peoples' health needs.

Good



Is the service caring?

The service was caring.

People said the staff were kind and caring to them.

People were given privacy and were treated with dignity and respect.

People were supported to maintain their independence and to be fully involved in their care.

Good



Is the service responsive?

The service was responsive.

Assessments were completed and reviewed regularly to identify any changes in people's needs.

People and their families were involved in planning their care and people received their care in the way they preferred. People's care plans contained detailed guidance for staff about how to provide peoples' care.

A variety of activities was on offer including trips out and events that family and friends were invited to.

Good



Is the service well-led?

The service was well-led.

Staff were motivated and led by the registered manager and senior staff. Staff had clear roles and were responsible and accountable for their actions.

Good



Summary of findings

Checks on the quality of the service were regularly completed. People, their relatives and staff were asked for their experiences of the service.

Records were accurate and up to date and were stored securely.

Whitebirch Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 October 2015 and was unannounced. The inspection team consisted of two inspectors.

Before to the inspection we reviewed the information we hold about the provider including previous inspection

reports. We also looked at notifications we had received from the registered manager. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

During our inspection we spoke with the registered manager, six staff, and one person's relative. We visited some peoples' bedrooms with their permission; we looked at care records and associated risk assessments for three people. We looked at management records including staff recruitment, training and supervision records, health and safety checks for the building, and staff meeting minutes. We checked medicines records. We observed the support being provided to people and observed an activity session.

We last inspected this service on 10 December 2013 when no concerns were identified.

Is the service safe?

Our findings

Everyone we spoke with told us that they felt safe. One person said “I feel very safe here.”

People received consistent care, when they needed it, from staff who knew them well. The registered manager had considered people’s needs and people’s preferred routines when deciding how many staff to deploy at different times of the day. People told us that staff were always available when they needed support. The registered manager was advertising for an extra staff member to join the team between lunch time and tea time following feedback from people and staff said that this would be helpful.

Recruitment procedures were thorough to make sure that staff were suitable to work at the service. Written references were obtained and checks were carried out to make sure staff were suitable and of good character.

Staff shifts were planned in advance so that staff knew when they would be working. Cover for staff sickness and holidays was provided by other staff members in the team. An on call system was in place and management cover was provided at the weekends and in the evenings by senior staff. The staff team was consistent with some staff having worked at the service for several years. Staff told us they enjoyed their jobs and ‘loved’ working at the service.

Each person had a call bell with them or close by so they could alert staff if they needed assistance. People who chose to spend time in their bedroom had the call bell within their reach and were able to call staff if they needed them. People told us that staff responded quickly when they used their call bell. One person told us, “Staff always come quickly when I ring the bell”. Another person said “There is always someone senior here, the staff are always helpful.”

There were safeguarding policies and processes in place for staff to refer to, these were known and understood by staff. Staff had completed safeguarding training and knew the types and signs of abuse and how to raise an alert if they suspected abuse. Staff were confident to whistle-blow to relevant people, such as the registered manager or the local authority safeguarding team. Staff told us they were confident that the registered manager would deal with any concerns they raised.

Risks to people had been identified and assessed. Care had been planned to reduce risks to people while maintaining

their independence. For example, the risk of falling over was assessed and recorded in peoples’ care plans. Guidance was provided to staff about how to reduce the risks to people of falling over. Equipment was provided including walking frames to help people move around safely and to reduce the risk of falls. The equipment was regularly checked to make sure that it was safe. Staff had made referrals to health professionals who had given advice about reducing potential risks to people. Staff followed this advice. Staff were informed of any changes in the way risks to people were managed during the handover at the beginning of each shift.

Accidents and incidents involving people were recorded. The registered manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents. For example, one person had fallen a few times and had been referred to their doctor. Action had been taken and the number of falls had reduced.

Plans were in place to safely evacuate the building in the event of an emergency. Staff were confident to contact the registered manager or senior staff for support in an emergency. The registered manager was in the process of writing personal emergency evacuation plans for each person so that staff would be aware of peoples’ individual needs in an emergency situation.

The building and equipment were well maintained and regular checks of the building and equipment had been completed. Each room had their own facilities and there were suitable bathrooms and toilets. The temperature of bath water was checked before people used the bath to make sure it was not too hot or cold. Staff knew what a safe temperature was.

Medicines were managed safely. People told us that they were happy with the way their medicines were managed. All medicines were stored safely in lockable cabinets. Medicines were ordered and checked when they were delivered. Clear records were kept of all medicine that had been administered. The records were clear and up to date and had no gaps showing that all medicine had been administered and signed for. Any unwanted medicines were disposed of safely.

Staff were trained in how to manage medicines safely and were observed a number of times administering medicines before being signed off as competent. There was

Is the service safe?

information in peoples' care plans about their medicines, what they were for and side effects to look out for. If people wanted to take 'over the counter' medicines this was supported and staff checked this would not affect the action of the person's prescribed medicine.

Is the service effective?

Our findings

People told us they were able to make choices about how they spent their time and who they spent it with and about their meals. We observed people being offered choices, for example, of what activities they would like to do, and staff responded consistently to the choices people made. Staff knew people well and understood and respected people's choices and decisions.

Staff understood the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff had been trained about the MCA and put what they had learned into practice. Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed. If people lacked capacity, staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. Some people had to make important decisions, for example, about invasive medical treatment. When this happened information about the choices was presented in ways that people could understand. People's representatives got together with them to decide if the treatment was necessary and in the person's best interest.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty. The registered manager was aware of his responsibilities regarding DoLS. There were no imposed restrictions and so no DoLS applications were needed.

Staff received the training they needed to perform their duties, including courses specific to people's needs including dementia awareness. A training plan was in place and a training manager employed who knew what training staff had completed and when it needed to be refreshed. Staff told us they felt supported by the management team to deliver safe and effective care. Staff met with a line manager regularly to talk about their role and the people they provided care and support to. An annual appraisal system was in operation and the staff had regular staff meetings to talk about the service and their roles. One staff member said "It is good to feel supported and told when you are doing things well."

People told us that they thought the staff were well trained and knew what they were doing. One person said "Staff are very good, they have a lot of knowledge." Staff worked through an induction when they started work at the service to get to know people and to understand their role and responsibilities. The training manager had introduced the new Care Certificate, which is an identified set of standards that social care workers adhere to in their daily working life. One staff member told us "There is good communication here and we work well as a team. We are busy, but we work together well to get everything done."

People were supported to maintain good health. They told us they were supported to see their doctor if they felt unwell. One person told us, "Oh yes, they will always call the doctor if we feel under the weather." Another person said "The (district) nurse has been in to see me today, I feel better now." People's health needs were recorded in their care plans with the action staff should take to keep people healthy and well. Any changes in people's health were recorded and acted on quickly. One person told us "The staff are very good, they often know what I want before I do."

People told us they had enough to eat and drink. Everyone was complimentary about the food. One person said "The food is lovely, it is all fresh. I love the puddings." Another person said "The meals are of a high standard. They take notice of what I don't like, and give me something else."

People were offered a choice of meals from the menu each day. Staff knew the foods that people liked and offered these to people as alternatives if they did not want what was on the menu that day. People told us their likes and preferences were catered for and they were never given anything that they did not like. People's suggestions about foods they would like to see on the menu were listened to and were provided. Menus were balanced and included fruit and fresh vegetables. All meals were homemade, including homemade cakes, pies and puddings.

People could choose to eat in the dining room, in one of the lounges or in their bedrooms. The lunchtime meal was served to people individually and people had the time they needed and were not rushed. People were supported to remain independent at mealtimes. A selection of adapted cutlery and other equipment, such as plate guards, were used by people so they could eat without the support of staff.

Is the service caring?

Our findings

People told us that of the staff were kind and caring. Their comments included, “The staff here are lovely, they are always around if you need them.”

People’s care plan’s contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples’ backgrounds. People had been involved in having a say about their care and their wishes were recorded and respected.

Staff showed genuine affection for people and people responded in a similar way. Staff knew people well, including how they liked things done. People were called by their preferred names and staff spoke with people individually and in a respectful way. Staff chatted with people about things that they enjoyed and people responded. There was lots of laughter and joking and a relaxed atmosphere.

Daily life at the service was flexible and plans changed in response to people’s needs and requests. Staff knew people’s preferred routines, including where they liked to spend their time and who with. Staff responded to people’s requests, such as to stay in their bedroom or eat in their bedroom. Staff treated people with kindness and people appeared relaxed in their company.

People told us staff treated them with respect. They said they received the individual support and attention they needed. People were treated with dignity at all times. For example, staff explained to people about the care they would receive before it was provided and asked them what they would like to do and when. Staff helped one person to move to another room, the staff member said “Don’t rush, take your time.” They spoke gently and calmly to the person, reassuring them.

People had privacy. It was common practice that staff knocked on peoples’ bedroom doors before entering. People told us they had privacy when they washed and dressed and staff only stayed with them whilst they bathed at their request. Systems were in place to make sure that people’s laundry did not get mixed up and items were returned to the correct person. People told us they got their laundry back quickly and it was rare that items went missing but if they did they were usually found.

Some people had spoken to staff about the care and treatment they wanted at the end of their life. Some people had ‘Do not attempt cardiopulmonary resuscitation’ (DNACPR) decisions in place which staff knew about. These forms were at the front of care plans so would be accessible in an emergency. Personal, confidential information about people and their needs was kept safe and secure.

Is the service responsive?

Our findings

People told us they had been involved in planning their care, with their relatives. People told staff how they liked their care provided and told us that staff did as they requested. They told us staff knew what they were able to do for themselves and encouraged and supported them to continue to do this. A relative told us that they were kept informed about their relative's care and said they felt their relative was safe at Whitebirch Lodge.

Before people were offered a service their needs were assessed to make sure the staff could provide all the care they required. People were invited to visit the service before deciding if they wanted to move in. Further assessments of people's needs, along with discussions about how they liked their care and support provided, were completed to find out what people could do for themselves and what support they needed from staff to keep them safe and healthy. Assessments were reviewed regularly to identify any changes in peoples' needs. This information was used to plan peoples' care and support and formed the basis of a care plan.

People's care plans had been developed with them and their families from the initial assessments. They had been regularly reviewed to make sure they remained up to date. Staff knew about people's needs and their backgrounds and the care and support they required. Staff knew the equipment people needed to move safely around the service and when they may need extra support. For example, some people used walking frames so staff made sure that these were available when people needed them. Each care plan had a 'life story book' and a 'day in the life of' section which had information about the person's life, their family and previous hobbies, interests and career. This gave staff background information about people so they could talk to people about their life before moving to Whitebirch Lodge.

The registered manager had introduced a new care planning system. He said he felt this was more individualised and 'person centred'. Peoples' care plans contained information about what people were able to do for themselves and how they preferred their care to be

provided. Plans contained some specific information about people's choices and preferences, such as preferring to eat their breakfast before getting washed and dressed in the morning and what toiletries they preferred to use.

People told us they had enough to do during the day and spent their days doing activities including bingo, crosswords and art and craft. An activity coordinator arranged a variety of activities including trips out. One person said they went for a walk nearby to see the house they grew up in and the school they went to, they said it 'was lovely'. Families and friends had been invited to a family event recently. A buffet lunch was provided and everyone we spoke with about it said they had a great time. People told us about a recent coffee morning based on the 'Great British Bake off'. Everyone said they enjoyed it and were pleased that over £300 was raised for charity. The activity coordinator kept a record of activities that people took part in and repeated the popular ones. People had requested more quizzes and so more quizzes were arranged. People enjoyed visiting singers and music groups so they were invited back.

We sat in the lounge during the morning activity session of bingo and a group crossword. There were various prizes and the activity coordinator really made it fun. There were jokes and lots of laughter, everyone was supported to take part and everyone was smiling.

People were supported to stay in contact with their loved ones. Visitors were made to feel welcome, a visitor told us that often visited unannounced and were always made welcome by the staff. People were supported to continue practising their religious faith; one person told us they had visits from the local clergy which they looked forward to.

People told us they were confident to raise any concerns or worries they had with the registered manager or staff. They said that the registered manager was always available if they wished to make a complaint or a suggestion and always dealt with any complaint to their satisfaction. A process to respond to and resolve complaints was in place. Information about how to make a complaint was available to people and their representatives. There had been one complaint that had been fully investigated and responded to. Action had been taken to improve the service following the complaint. A visiting relative told us "We have no need to complain because staff are quick to put things right if we mention anything."

Is the service well-led?

Our findings

The service had been a family run business for several years and there was a family atmosphere based on equality and respect. The registered manager and staff knew people well and most had been working at the service for most of their career. The registered manager had a clear vision of the quality of service they required staff to provide and how it should be provided.

Staff told us they were motivated by the management team to deliver a good quality service to people. Staff worked together as a team to support each other and to provide the best care they could to people. Staff were clear about the aims of the service and shared the vision of good quality care and supporting people to remain as independent as they could be. Staff told us that they would tell the registered manager about situations that concerned them, and were confident that they would be listened to and action would be taken.

There was good communication between people and their families, staff and visiting professionals. Staff held handover meetings between shifts to share important information. Staff used a communication book to record important information they needed to hand over. Staff had used people's full names and had recorded personal details in this shared communication book which did not maintain people's confidentiality. The registered manager agreed to address this at once to reduce the risk of a person being able to read personal information about another person.

The registered manager was leading the staff team and managing the service on a day to day basis. A senior carer led each shift and was responsible for managing the team on that shift. The registered manager monitored all aspects of the service. They monitored staff practice to make sure people received a good standard of care and checked a

variety of records regularly to make sure they were accurate and up to date. Checks of the environment and equipment were up to date and there were plans to redecorate some parts of the service.

People and their relatives had a say about how the service was run. People were asked for their views every day by the staff and at more formal review meetings, which people's families attended. Annual questionnaires were sent to people and their loved ones to complete. This process had been extended to include staff and visiting professionals. Some changes had been made based on feedback including changes to the menu. The responses from the last survey were positive but had not been collated and published so people were not aware of the results or about what action was taken to improve, based on the feedback. The registered manager agreed this was an area for improvement and that he would publish the results.

Staff had other opportunities to tell registered manager their views about the quality of the service and make suggestions about changes and developments, including staff meetings and supervision meetings. Staff felt involved in the development of the service and felt that their views were valued. They told us that they were listened to and gave us examples of suggestions they had made that had been implemented by the registered manager, including recruiting an extra staff member during the day.

The registered manager kept up to date with the changes in the law and recognised guidance. The registered manager was a member of the Kent Integrated Care Alliance who held regular meetings giving support to providers and managers. Comprehensive policies and guidelines were available in the service for staff to refer to when they needed them. These had been reviewed to make sure they remained current and relevant.

The registered manager knew when notifications had to be sent to CQC. Notifications are information we receive from services when significant events happen, such as a serious injury to a person.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.