White Lodge & St Helens

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Inspection report

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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

White Lodge and St Helens are registered to provide personal care and support for up to 54 people. The home is comprised of two connecting buildings and set over four floors. At the time of the inspection 53 people were living at the home.

At the last inspection in April 2015, the service was rated Good. At this inspection we found the service had deteriorated to an overall rating of requires improvement.
The service had a registered manager. 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.

Some staff supported people in a caring person centred way whilst other staff were rushed or lacked person centred skills with people. Staff all told us they wanted to do the best job they could for the people they supported. However, the staffing levels at the time of the inspection were insufficient for people's needs to be fully met in a caring and unhurried way.

At the time of the inspection the registered persons had not ensured the service people received was safe, effective or caring. We have made a requirement because the registered persons had not assessed, monitored and improved the experiences of people, as the needs of people living at the home had increased over time.

People told us they felt staff had the right skills and that they were supported to receive the health care they required. We saw mealtimes were a social occasion for some people and people told us they enjoyed the meals.

People's needs were assessed and planned for. Care plans described the support or help people wanted or needed. They were regularly reviewed and updated to make sure staff had the right guidance. People were supported to access healthcare support when they needed to and medicines were managed safely. End of life care planning ensured a sensitive approach that acted upon people's wishes and preferences.

There was a complaints system and other systems in place to make sure the environment, recruitment of staff, and medicines management were safe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service deteriorated from good to requires improvement at this inspection.

The staffing levels at the time of the inspection were insufficient for people's needs to fully met in a caring and unhurried way.

People received their medicines as prescribed.

The provider carried out a range of health and safety checks to make sure the building was safe.

Is the service effective?

Good

The service remains good.

The registered manager had planned further training for staff to ensure they understood how best they could support people.

Some staff received regular support through supervision meetings. However, other staff had not received this support.

People were supported to access the healthcare they required.

People enjoyed the meals provided and the chef had a good understanding of people who required a specialist diet.

Is the service caring?

Good

The service remains caring.

Some staff communicated with people gently and treated them with respect and dignity. However, other staff did not have the appropriate skills to support people in a caring and unhurried way with people.

The service was accredited for end of life care and proactively assessed and monitored people who were very unwell to make sure their wishes and preferences were understood and acted upon.

Is the service responsive?

Good

The service remains good.

People's needs were assessed and planned for.

There was a complaints system in place.

Is the service well-led?

Requires Improvement

The service deteriorated from good to requires improvement at this inspection.

At the time of the inspection the registered persons had not ensured the service people received was safe, effective or caring.

Quality assurance systems ensured the environment was safe.

White Lodge & St Helens

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 24 and 28 February and 3 March 2017. The first day of the inspection was unannounced.

Day one and day three of the inspection was carried out by one adult social care inspector. On the second day, one inspector and one inspection manager carried out the inspection.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service.

We spoke with 15 people who used the service to learn about their experiences and five relatives. We spoke with the owners of the service, the registered manager, 13 other members of staff and two visiting health care professionals. We looked at a range of records which included the care and medicine records for ten people and recruitment records for three care workers. We looked at a range of records in relation to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the home and this was also explored as part of the on-going monitoring of the service. Staff had received training on the safeguarding adults and understood what to do if they were concerned or worried about someone.

The registered manager had acted upon feedback from the local authority commissioning team to increase staffing. This was because there was a risk of harm to people in communal areas in the afternoons. The registered manager increased staffing in the large lounge/dining area to make sure there was enough staff available to monitor people's safety in that area.

However, we found people's needs were not met in a person centred way because there were not enough staff on duty at other times and a significant number of staff we spoke with confirmed this.

Observations showed some staff were kind and focussed on the individual they were supporting, whilst other staff were task orientated and approached people in a less caring way. For example during a mealtime observation we saw two different staff approaches. One care worker was kind and respectful when they said to an individual, "Can I put this round you to protect your pretty clothes". They asked another person, "I've got your soup here, would you like some" and later, "Would you like some cheese on toast". They were unhurried and gave the person time to think and respond to their questions. However, another member of staff had an abrupt and approach saying to one person, "I am going to put this bib on you so you don't make a mess, sometimes you make a mess". They also said to another person, "Stay there" and said to a colleague, "I've told her to sit down". Their approach indicated that they were focused on their tasks rather people's enjoyment of the meal experience. A significant number of staff confirmed that their ability to support people appropriately was adversely affected by the levels of staff on duty.

We discussed this with the registered manager. They wrote to us following the inspection confirming that staffing levels would increase and that consideration would be given to the type of staff roles required to improve outcomes for people living at the home.

Recruitment procedures ensured that people were kept safe. Records showed staff had completed application forms, which included a full employment history. We also saw evidence of Disclosure and Barring Service (DBS) checks, proof of identification and two references.

Risks to people were assessed and reviewed with control measures put into place to reduce any assessed risks. For example, where people had equipment requiring daily checks such as specialist mattresses or where people required monitoring to make sure they were safe, such as through the use of pressure mats the risks had been identified and the monitoring systems were in place.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MAR's) had been completed correctly with no gaps or anomalies. There were systems in place for

people who couldn't express when they were in pain and staff checked other people's pain levels throughout the day. For example saying to one person, "Are you in pain?" and to another individual, "Sorry to interrupt, do you need any paracetamol?"

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. Regular health and safety checks were also carried out by the provider. Maintenance records showed us equipment, such as fire alarms, extinguishers, and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines. Legionella are water-borne bacteria that can cause serious illness. The provider completed actions such as flushing infrequently used taps and descaling showerheads to mitigate the risk of legionella.

Good

Is the service effective?

Our findings

People were confident staff had the right skills to support them. We received a range of comments including, "Staff are very good, so friendly and certainly look after me well" and, "You do get well cared for".

Care workers had received some of the training they needed to meet the needs of the people using the service. Training included moving and assisting, infection control, first aid and safeguarding. The type of support people required had changed over time with people becoming more complex in their support needs. This was particularly evident for the high number of people living with dementia. The registered manager had taken account of this and further training had been arranged. The registered manager also told us about how they wanted to increase their skills and knowledge of best practice in dementia care.

Staff had a mixed experience of the support they received. All the staff we spoke with told us they felt supported by the registered manager. Some staff had received regular supervision and appraisals to help them understand their role and responsibilities. However, other staff had not received this support to increase their understanding of how best to help people living at the home in a person centred and caring way. This was evident through our observations which showed people experienced different care and support dependent on who the staff member was.

One staff member who had recently started working at the home told us about their induction and training which they felt had equipped them for their role. They commented they could always seek guidance when they were unsure and felt well supported by the team and registered manager.

People told us they made their own day-to-day decisions including what they wanted to wear, what time they wanted to get up and go to bed and how they spent their time. Where people lacked capacity to make decisions MCA assessments and best interests decision meeting records were available.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager kept a record of all DoLS applications made along with copies of authorisations.

People commented positively on meals including, "They're great" and, "Food is good" and, "The meals are lovely". We found people were offered a varied and nutritious diet. Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs, for example, through specialised diets or nutritional supplements. Observations of the protected mealtime showed that people were supported to eat and drink what they wanted to. The tea-time observation showed that people had options of what they wanted to eat including sandwiches, soup and cheese on toast. Staff told us there were always two options for the main meal and that people could choose something else if they wanted to. One person confirmed this saying, "They give you something else if you don't like it. They know what you like".

People had access to health professionals when required. We spoke with two healthcare professionals who said staff contacted them appropriately for advice. They confirmed staff made appropriate referrals to their service and other professionals when needed.

Good

Is the service caring?

Our findings

People and relatives gave us mixed views about the care provided in the service. We received a range of positive comments about staff including, "Quite cheerful and friendly, and quite kind, some of them" and, "They look after me" and, "They really do go over the top looking after you". However, other people were less positive. One person said "They are okay but you get the feeling they are not very kind".

We spoke with a relative who commented on the staff saying, "They are kind" and another family member said, "Very caring staff, 10/10 for us".

People's bedrooms were personalised to their taste with their pictures and ornaments. People were supported to find their bedroom by pictures that were meaningful to them on their bedroom door. All the people we spoke were happy with their bedroom.

Staff were supported to understand what was important to people. There were records of people's life history and things that were important to them. This enabled staff to better understand how they wanted to be supported.

One person had photographs of people and things that were important to them in their bedroom. They included information about what the person liked to wear and their preferred hot drink, in addition to pictures of their family members, their favourite foods and how they liked to spend their time.

The home was accredited for gold standards end of life care and advance planning had taken place with people to identify their wishes and preferences. Staff met each month to discuss people who were unwell which meant individuals end of life care was sensitively and proactively managed.

Good

Is the service responsive?

Our findings

People commented on the staff saying, "Some of them have been super; they anticipate what you want" and, "Always plenty of help".

People's needs were assessed before their admission to the home. Each person had care plans that were tailored to meeting their individual needs. These were reviewed on a regular basis so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences.

For example one person's first language was not English. Staff had worked with healthcare professionals to develop laminated cards with pictures and information in the person's language to help them make decisions about the support they received. The person's preferences including where they wanted to sit at mealtimes, situations that made them anxious and their end of life wishes had also been explored.

As a result of their cognitive impairment another person continuously walked around the home tidying things and organising paperwork. Their plans explained to staff how the individual benefitted from reminders and reassurance. Personal touches in their plan such as how they liked their bedding and what brought them comfort supported staff to understand and better care for the individual. Risks to their health, such as weight loss through the continual exercise had been assessed.

Handovers were held three times each day to make sure staff had the right information about people's needs, health and welfare. We attended handover and found this gave staff updated information about people's needs and how they could best support them. Staff told us handovers were an effective way of making sure they had an up to date picture of people's changing needs so they could better support or help them.

Dedicated staff provided a range of activities for people including group and 1-1 sessions. Observations showed people were largely interested and engaged in the group activities. For example, people were singing along to music, clapping their hands and tapping their feet. One person danced with staff and the atmosphere was light and positive. People's records identified their hobbies and interests to help staff better understand the things they enjoyed. A significant number of people either chose to stay in their bedroom or were mainly cared for in bed due to poor health. A dedicated member of staff visited them to spend time with them chatting, reading or engaging in activities they enjoyed. However, this support was time limited meaning that some people who either chose or were not able to join in group sessions were isolated. The registered manager responded to our concerns about this and told us they would ensure there was further activity time allowed to make people who were cared for in bed did not become isolated.

People knew how to make a complaint and were confident they would be listened to. A relative told us, "They listen to me if I have concerns and sort it out". There was a complaints policy and procedure in place and the registered manager had investigated and resolved complaints appropriately.

Requires Improvement

Is the service well-led?

Our findings

People living at the home knew the registered manager and liked them. One person told us they were, "Always ready for a chat" and another individual said, "They are lovely and a good manager". Relatives were also complimentary about the registered manager. One said, "[The registered manager] rings us if there are any problems, they are very good".

The location of the registered managers office meant it was difficult for the registered manager to oversee and monitor the day to day experiences of people living at the home.

Quality assurance at the service was completed through regular audits including, medicines, call bells, infection control and health and safety. The information was analysed and an action plan created to address any issues identified. The provider also carried out night visits, checking the safety and security of the building and checking people's welfare. This demonstrated that some quality systems were in place and information from audits was collated and used to improve and develop the service.

However, the quality assurance systems were not fully effective as they had not enabled the registered persons to identify the levels of staff required to meet to increased needs of people living at the home. This meant that the overall governance carried out by both the registered manager and the registered provider was not sufficiently robust to ensure the service met all of the requirements of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered persons had not assessed, monitored and improved the experiences of people living at the home.

On the last day of the inspection one of the providers and the registered manager told us what they were doing in response to our concerns. This included relocating the registered manager's office, increases to staffing levels and ensuring that staff had received the right training and support to deliver effective and caring support. The provider also confirmed the registered manager would receive on-going support to maintain people's quality of care.

People completed quality assurance surveys to comment on their experiences of the home, staff, meals and medicine management. We also saw quality assurance questionnaires completed by family members and saw that staff had acted on any issues raised by the survey. Relatives meetings were held regularly and chaired by the registered manager. The meetings provided an opportunity to discuss issues and these were acted upon. The registered manager also used the meetings to update relatives about the service and improvements they were making.

The registered manager had considered how they could improve the service and told us, "I want to keep improving". They had developed more in depth handover records which included a summary of people's medical needs, their DNACPR status, and people subject to safe swallow plans. The registered manager had

also worked with a health care professional to develop some specific training about the identification and management of pressure care issues.

The registered manager had links with other organisations. They attended local forums and undertook the same training as other staff. This made sure their practice was up to date and enabled their oversight of the quality of training staff received.

Staff had confidence in the registered manager and felt they were listened to. One member of staff told us the registered manager was, "Brilliant, fantastic, they are so knowledgeable" and another said, "Everyone is happy with [the registered manager], she knows what she is doing". The registered manager told us they had an open door policy and 'no blame' culture. They said listening to staff was important because of the perspectives they had through their different roles. They commented, "I like them to come up with ideas".

Staff meetings had been held across different levels of the organisation to discuss the service provided. We looked at minutes of the most recent care team meeting and saw topics relevant to the running of the service had been discussed.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had not assessed, monitored and improved the experiences of people living at the home.