

Quality Care Homes Limited

Whitelodge Care Home

Inspection report

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Fishponds
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Date of inspection visit: 7 April 2015
Date of publication: 08/05/2015

Ratings

Overall rating for this service	Good	
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?	Good	

Overall summary

We carried out this inspection on 7 April 2015 and this was an unannounced inspection. During a previous inspection of this service on 9 October 2013 there were no breaches of the legal requirements identified.

Whitelodge Care Home provides accommodation and personal care for a maximum of 21 people. At the time of the inspection there were 19 people living in the home. The home has accommodation over three floors. Access to the upper floors is gained via the stairs, a stair lift or a passenger lift. The home also provides care to some people living with dementia.

A registered manager was in post at the time of inspection. 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 and associated Regulations about how the service is run.

The provider had not undertaken the appropriate assessment and documenting of a person's needs and associated risks.

Summary of findings

People told us they felt safe and staff demonstrated the ability to report safeguarding concerns internally or externally if required. Safeguarding and whistleblowing policies provided information for staff as to how they could raise concerns externally.

Staff said that generally there were enough staff to enable them to perform their roles effectively. People said there was enough staff on duty to meet their needs and that their needs were met in a timely way. Appropriate recruitment procedures were completed.

People received their medicines on time and safely. Medicines were stored appropriately and records had been maintained.

People gave positive feedback about the staff at the home and the standard of care they received. Staff spoke positively about the training they received from the provider and said they received regular training and supervision.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). The service had completed and submitted the required documentation to make DoLS applications.

People received sufficient food and drink. Comments about the standard of food provided were good. The service obtained the services of a GP and other healthcare professionals when required.

We observed friendly interactions between people and staff throughout our inspection. People spoke in a very positive manner about the staff at the home. People were involved in making decisions about their care and felt their privacy and dignity was respected by staff.

People received care in accordance with their assessed needs from staff who understood their needs. The provider had a complaints procedure and people felt confident they could complain if required and would be listened to.

Activities were arranged for people and people felt they had sufficient to do at the service.

The registered manager was respected by people at the home and the staff. Staff commented very positively about the management of the home. Staff felt able to raise suggestions and there were systems to continually monitor people's health and welfare.

We found a breach 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. People's needs and risks had not always been fully assessed.

Staff knew how to identify and respond to suspected abuse.

There were sufficient numbers of staff to keep people safe and appropriate recruitment procedures were completed.

Medicines were stored correctly and people were supported appropriately to take their medicines.

Requires Improvement



Is the service effective?

The service was effective. Staff were trained and supported through regular training and supervision.

The home was meeting the requirements of the Deprivation of Liberty Safeguards. Appropriate steps to ensure the correct authorisations were in place had been taken.

Staff were aware of how the Mental Capacity Act 2005 (MCA) impacted on their work.

The home worked with GPs and other healthcare professionals to enable people to use relevant services.

Good



Is the service caring?

The service was caring. Staff had good relationships with people.

People spoke positively about the caring nature of staff.

People were treated with consideration and staff respected their privacy.

Staff knew people well and cared for them whilst respecting their individual preferences.

Good



Is the service responsive?

The service was responsive to people's needs. People received the right care when they needed it.

Activities were provided within the home for people to participate in.

People were included and involved in decisions made within the service.

The provider had a complaints procedure and people felt able to complain.

Good



Is the service well-led?

The service was well-led. Staff felt well supported by the management team and could contribute to the running of the home.

Good



Summary of findings

There were systems in place to continually monitor people's health and welfare needs.

Internal and external environmental checks of the home were completed.

There were quality assurance systems in place.

Whitelodge Care Home

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 was carried out by one inspector. A previous inspection of this service was undertaken on 9 October 2013 and we had not identified any concerns.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We contacted the quality assurance team within Bristol City Council and they provided us with information they held about the home. We contacted the district nursing team and asked them for their views about the service. We received positive comments from the district nursing team.

The home provided care to some people with dementia. Some people in the home had complex needs and were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people and we looked at eight people's care and support records.

On the day of the inspection we spoke with nine people who used the service. We also spoke with one person's relative and six members of staff. This included the registered manager, the deputy manager, the regional manager and care staff.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

Risks to people had not always been assessed and appropriate support plans and guidance were not in place to reduce these risks. Within one person's care record we found the service had failed to undertake a full assessment of the person's needs and ensure any supporting guidance following this assessment was available for staff. The person had moved into the service during February 2015 and prior to their admission an initial assessment had been completed. Although the service had completed this initial assessment, this did not ensure that all potential risks to the person had been assessed.

We found incomplete documents within the person's care record relating to their risk of skin breakdown, their risk of falls or their needs in relation to moving the person safely. We spoke with the person during our inspection and they commented positively on their care, however the absence of a formal assessment and planning of care meant there was a risk that staff would be unable to support the person safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe at the service and made positive comments about the staff who provide their care. One person commented, "I'm quite safe here, I feel well looked after." Another person told us, "The staff are good, I feel safe."

Appropriate arrangements to identify and respond to the risk of abuse were in place. Safeguarding and whistleblowing policies were available for staff and staff could access these policies if required. Staff at the service were knowledgeable about safeguarding reporting procedures and confirmed they had received training in safeguarding. This was supported by training records. Staff understood what was meant by the term whistleblowing and demonstrated they were aware of how to report poor practice to external agencies in confidence.

The provider had a system to undertake an audit and review of reported incidents and accidents. Incidents and accidents had been reviewed by the registered manager at the time of reporting and a full detailed audit was also completed every three months. The immediate review checked the circumstances surrounding the incident or accident and was to establish if the incident was

preventable or if the risk of reoccurrence could be reduced. The detailed audit was undertaken to establish if any trends or patterns in incidents could be identified. The reviews monitored details such as the time and location of the incident, if any common injuries were identified and if the person's GP was contacted or a referral to the falls team was made.

The provider ensured equipment used within the home was appropriately maintained and safe to use. Supporting records and testing certificates confirmed that regular maintenance and servicing of passenger lifts and hoists was completed. Maintenance contracts and servicing documentation was also noted for gas appliances within the home such as the boiler. Electrical equipment within the service was tested for safety.

The home had sufficient staff on duty to support people safely. The registered manager had a set staff number employed at different periods throughout the day which they told us met people's needs. People felt that staff were available to help them when they needed it and staff commented that generally there were sufficient staff to meet people's needs. Due to a recent increase in some people's needs, the registered manager had started completing a dependency assessment of people's needs to ensure that sufficient staff were always available. They told us that should a need be identified for additional staff at specific times this would be addressed with the provider.

Safe recruitment processes were completed before new staff were appointed. Staff completed an application form and references were obtained. The files showed these references had been obtained by the home. Proof of the person's identity was available and a Disclosure and Barring Service (DBS) check had been completed for staff which ensures that people barred from working with certain groups such as vulnerable adults are identified.

The ordering, retention, administration and disposal of people's medicines was safe. People said their medicines were given to them when they needed them and no concerns were raised. Medicines were stored safely and medicines that required cold storage were stored correctly. We identified recent minor recording errors by staff in relation to the recording of refrigerator temperatures. The registered manager told us this would be addressed immediately with staff.

Is the service effective?

Our findings

People commented staff at the home performed their roles well and staff were spoken of positively. People said that staff were confident when providing their care and no concerns were raised about the standard of care provided. One person said, "I feel well looked after here."

Staff received training for their roles which enabled them to provide safe and effective care. Staff commented positively on the standard of training they received from the provider. All said they received regular training in subjects relevant to meeting the needs of people in the home. For example, training completed by staff included moving and handling, safeguarding, first aid, infection control and food hygiene. Some staff had received additional training in subjects such as pressure area care, continence care and palliative care. It was highlighted to the registered manager that only eight of the 20 staff on the training record had received training in dementia. The registered manager told us this had previously been identified and that suitable training for all staff was currently being sought.

Staff received regular supervision and said the support they received from the registered manager and senior staff was good. Supervision records showed the staff member had the opportunity to discuss matters such as the home's atmosphere, their personal development and responsibility and teamwork during their supervision. Staff felt the supervision was constructive and all said they felt able to communicate with the registered manager or senior staff openly during these periods.

Induction training was undertaken by new staff to ensure they had the required training and skills to undertake their role. New staff completed an induction and completed documentation during this period to monitor their progress and performance to ensure they were suitable for their role. Training included subjects such as the principles of best practice, communication and listening skills, policies and procedures and safeguarding.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty

for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. The service had obtained the appropriate authorisation to deprive one person of their liberty and further applications had been made. The service were waiting for formal assessments to be completed by the relevant authority in respect of these applications.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and told us how the MCA had an influence on how they interacted with people and undertook their roles. They told us their role involved them supporting people in making decisions about their daily lives. Staff gave examples of how they ensured they empowered people to make decisions about their care. Examples were given of how staff discussed people's clothing choice with them, what they wished to do during the day and what meals and drinks they chose. Observations made reflected these comments by staff, we observed people being offered a choice of meals and drinks throughout the day, a choice of participating in activities or where in the home they would like to eat their meals.

People were able to eat and drink independently and required no intervention or support by staff. Some people required their meals in a slightly modified consistency and over the lunch period we saw this had been done. The registered manager told us that one person who had recently moved into the service was significantly underweight on admission and professional intervention and advice had been sought. Records showed that since arriving at the service the person had gained weight. There was access to hot and cold drinks throughout the day and people said they were able to get additional food or drink from staff should they require it. Fresh fruit was also readily available for people throughout the day within the lounges.

People had access to healthcare services when required. The service made appropriate referrals for people when required. People told us they had been able to see their GP and others said they received regular visits from the district nursing team. A record was maintained individually within people's care records that showed when referrals had been made and the outcome of the referral.

Is the service caring?

Our findings

All of the comments we received from people during the inspection were positive. People commented on the caring and friendly nature of the staff. One person who had recently moved into the service told us how the staff had helped them settle in to their new surroundings. They commented, "I'm happy here, the staff have helped and I've settled in well." Another person who had lived at the home for a while said, "The staff provide good care."

We looked at the compliments log held by the service which also showed people and their relatives had commented positively on the caring nature of the staff. One comment was from a person's relative whose mother had recently started receiving care at the service. It read, "My mum has changed so much for the better since coming here, the change is astonishing." Another noted a person's relative had attended the home to express their thanks and the recorded compliment explained that the person's son had attended the service to pass their thanks on for the care their mother had received.

Staff understood people and their care needs which allowed them to give a person centred approach to the care they provided. Staff were able to tell us about people's life histories and how this assisted when providing care to people and helped them to engage in conversation. People told us they felt staff knew the right information about them and felt the care they received was given by staff who knew them well.

People's privacy was respected by the staff. During our observations we saw that many people had their doors open. People told us this was their choice and that staff respected their choice. Others chose to have their door

closed and again told us this was in accordance with their wishes. Some people told us that although they had their door open they were able to close their door and had their privacy respected if they wished. We saw that where people's doors were closed the staff always knocked before entering their room.

We spoke with staff about how they promoted and maintained people's dignity during personal care. Staff gave examples of how they helped to promote people's dignity, for example by providing personal care slowly and in stages allowing people to be dressed as they supported them to wash. Staff told us that where it was safe to do so, people were supported to be independent.

Communication between people and staff was friendly and staff spoke with people in a caring and personal way. Staff interacted continuously with people throughout the day within their rooms and in the lounge and dining area of the service. A person who spent the day in the lounge was continually acknowledged by staff, and every time staff passed the person they ensured they were ok and asked if they were comfortable or would like anything. Staff communicated caringly when supporting people with mobility equipment. We made observations when staff assisted people and slowly guided the person and supported them both physically and verbally through the process and ensured the person understood what was happening.

People felt they could make decisions within the home and that staff respected their decisions. We saw people being given choices about their care and treatment during our observations. For example, people were offered choices of drinks, meals, where they wished to sit to eat their meals and if they wished to be involved in the activities.

Is the service responsive?

Our findings

People said staff were responsive and all of the people we spoke with felt their needs were met by staff. One person commented, "I feel I get everything I need here." A further comment we received was, "I'm very happy here it's all absolutely perfect."

We saw examples of how staff responded to meet people's care needs. For example, we saw that where people required mobility equipment to move around safely this was located close to them when they were seated. Where people had limited mobility, we observed that staff had ensured a call bell was immediately available for them to summon assistance if required. People said that generally staff answered their call bells promptly. People we spoke with who used medical equipment to manage an existing condition told us they received the assistance they needed from the staff.

Healthcare professionals told us the service was responsive to people's needs. Prior to this inspection we spoke with members of the district nursing team who provide nursing care to people living at the home. All gave positive feedback about the care provided by staff and they told us they felt people's care needs were met. One commented, "Every time I have visited our patients in the home I have found the staff very helpful and the patients I have seen seem very happy." Another said, "Having visited patients at Whitelodge, from my experience it looks a safe and caring environment, the staff are caring to the patients."

Care records contained personalised information about people that had been completed with them and their families. The records showed significant information about people including their life history, significant life events and their current and former lifestyle preferences. This information assisted staff in understanding and knowing people in a more personalised way and assisted them in communicating with people.

The registered manager had involved people in decisions about their care and empowered people to make decisions about matters in the service. The service held residents meetings approximately every three months. The registered manager had ensured that people who used the service were involved in decisions by appointing one person in the home as the chair person and they then chaired the residents meetings. This helped ensure that matters important to people living in the home were raised at the meetings.

Activities were available for people to participate in. People commented that they felt they had enough to do during the day. People who participated in the activities told us they looked forward to the activities. One person said, "I suppose I have enough to do during the day." Another told us, "There's enough to do around here." During the inspection a game of bingo was being held in the main lounge.

People said they felt they would be able to raise a complaint at the service and one person's relative told us the service had been responsive when issues were raised. The home had a formal complaints procedure available for people and this was also displayed in the entrance foyer.

People we spoke with told us they currently had no reason to complain at the service, however they told us they would feel comfortable doing so and felt they would be listened to. One person commented to us, "Everything here is good, I have no complaints but would speak to the manager if I did." We looked at the complaints log at the service which showed appropriate records were maintained of complaints and the response given by the service. We also saw that where it was deemed necessary, the registered manager had held emergency staff meetings in response to some issues raised by people's relatives to address matters quickly.

Is the service well-led?

Our findings

People and their relatives knew the provider's management structure at the service and told us they were aware who they could approach if they had a concern. The registered manager was supported by a deputy manager who in turn were both immediately supported by a regional manager. Staff felt supported and listened to by the registered manager and said they felt confident any ideas they raised would be respected and listened to.

The registered manager communicated with staff about the service. Staff spoke positively about the level of communication at the service between the management and with their colleagues. We observed that handovers were completed during the day and people's care needs and other matters were communicated between staff. Staff meetings were held approximately every two to three months and staff confirmed they attended these meetings and felt able to contribute to the meetings if they wished. Meeting minutes showed that matters such as infection control, meeting people's care needs, key working and their roles and responsibilities were discussed.

The registered manager had a system to ensure that staff were aware of key policies in the home. A 'policy of the month' system ensured that staff would have to read and sign to say they understood certain nominated policies throughout the year. The registered manager told us this system ensured that staff read and understood the provider's policies, but it allowed them to communicate any policy changes effectively.

The provider had a programme of regular audits to monitor the safety of people in the home. An audit programme was undertaken of people's care documents. Recent audits had

highlighted some documents within care records required updating. This had been actioned. An audit of medicines and medicines records were completed, however it was highlighted the current three monthly frequency of medicine auditing may not be effective in ensuring errors were identified early enough. Additional audits in relation to meeting nutritional needs and activities were also completed.

The provider's senior management also completed audits to monitor the performance of the service. For example, audits were undertaken in first impressions of the home, which monitored the external impression of the service and if it was well presented and inviting. An internal audit of the service was also completed that monitored the cleanliness and overall condition of the service. Testing of fire equipment and alarms was completed and the provider had a fire risk assessment that was completed in December 2014. The regional manager also held business management and occupancy reviews with the registered manager, and any previous actions set by the regional manager were monitored for completion.

The provider had a quality monitoring system in the form of a survey. An annual survey had been sent out to people and their relatives during September and October 2014. The surveys completed by people living at the service contained positive feedback. People had been asked for their views on the standard of care they received, the staff who provided their care, if care was in line with their wishes and if they felt able to make a complaint. The surveys completed by people's relatives contained generally positive results. A positive comment recorded on the surveys read, "My mother is happy, she feels safe and cared for." Another said, "A big thank you for care and dedication."

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to undertake a full assessment of all people's care needs. Regulation 12(1)(2)(a)