

# Omega Elifar Limited

# White Lodge

## Inspection report

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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 ●

# Summary of findings

## Overall summary

### About the service

White Lodge is a four-bedded residential care home that was providing personal care to people who have a learning disability, sensory impairment and physical disability and health care needs. There were four people living at the service at the time of the inspection.

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

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The culture in the home was not risk adverse. People received their medicines as prescribed and there were safe medicines administration systems in place. The home was clean and tidy, and staff were trained in infection control. The provider had processes in place to learn from incidents and accidents and to ensure that the people were supported safely.

We observed sufficient staffing levels during the inspection and saw staff were unhurried in their interactions with people. The provider had appropriate policies and systems in place to protect people from abuse. Staff received regular support and supervision and were trained to meet the needs of people living at the service.

Comprehensive care plans mostly identified people's needs and the choices they had made about the care and support they received. The provider supported staff to deliver care and support in line with best practice guidance and to support good outcomes for people. The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. People were encouraged to maintain a healthy, balanced diet, based on their individual dietary needs.

There was a strong emphasis on person-centred care. Staff were friendly and caring when supporting people. Staff spoke about people with genuine interest and affection. Staff understood that some people had difficulty communicating their needs and wishes and proactively supported them using their preferred communication methods. People were supported using their preferred communication methods to be involved in making decisions about their care.

People were supported with individualised activities. The provider was proactive in their exploration, and use, of technology to support people to maintain contact with friends and family, their independence and to be engaged.

The provider had an 'open-door' culture and staff were positive about the registered manager. The registered manager demonstrated an open and positive approach to learning and development. There were robust quality assurance procedures in place to help drive ongoing improvements. Staff were encouraged to regularly feedback about service delivery and share ideas and suggestions on how the service could be improved.

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 20 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# White Lodge

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

White Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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. The provider had completed a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

Some people at White Lodge were not able to fully share with us their experiences of using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We spoke with the registered manager, the operational manager, a care worker and an

agency care worker.

We reviewed a range of records. This included four people's care records and medicines records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities to safeguard people from abuse and there were appropriate policies and systems in place to protect people from abuse.
- Staff understood their responsibilities to safeguard people from abuse and knew how to raise concerns to ensure people's rights were protected. One staff member told us, "I'd report to the [registered manager's name], if nothing happened would go to [operational manager's name] and if nothing from there then CQC (the Care Quality Commission)."
- Staff were confident any concerns they raised to the registered manager would be dealt with appropriately. One staff member told us, "[Registered manager's name] would definitely take appropriate action."
- Safeguarding information and signposting were displayed within the service.

Assessing risk, safety monitoring and management

- Risks to people were recorded in their care plans and staff demonstrated they had good knowledge of how to mitigate these risks to keep people safe.
- The culture in the home was not risk adverse. People were supported to take positive risks. For example, at the time of inspection two people were being supported to plan an overseas holiday to a theme park. The registered manager told us, "We never say never and will do our best to research any ideas we get from anyone. We always say give it a try in the safest way possible."
- Regular checks were undertaken in relation to the maintenance and safety of equipment to help ensure people were kept safe.
- Environmental risks were assessed, monitored and reviewed regularly.

Staffing and recruitment

- There were sufficient staff to meet people's needs and keep them safe. We observed sufficient staffing levels during the inspection and saw staff were unhurried in their interactions with people. We reviewed the support hours being provided against those being commissioned and saw how the provider reviewed this weekly to ensure these hours were met by staff people knew well.
- We spoke to staff who confirmed there were sufficient staffing levels. One staff member told us, "Definitely enough, it is brilliant."
- Staff files contained the information required to aid safe recruitment decisions and protect people from the employment of unsuitable staff.

Using medicines safely

- There were safe medicines administration systems in place and people received their medicines as prescribed.
- Protocols were in place to guide staff on the use of medicines prescribed 'as required', for example; when a medicine was prescribed for occasional pain relief. One staff member confirmed this; '[Person's name] has pain relief when you can see from her facial expressions, [person's name] you ask her, and she'll tell you. We have PRN ('as required') protocols that tells us how much they can have in a day, when to have it etc.'
- There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.

#### Preventing and controlling infection

- There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable gloves and aprons, were available for people and staff to use.
- Throughout the inspection we observed staff using PPE appropriately. A staff member told us, "Every room has gloves in."
- The home was clean, tidy and odour free. Waste was disposed of correctly.
- Staff were trained in infection control.

#### Learning lessons when things go wrong

- A system was in place to record and monitor incidents and this was overseen by the registered manager and operational manager to ensure the appropriate actions had been taken to support people safely.
- Accidents and incidents were documented and investigated. We saw that incidents were responded to. For example, by updating people's risk assessments or referrals made to other organisations, such as wheelchair services.
- The provider had processes in place to learn from incidents and accidents. The registered manager could describe learning from incidents to reduce risks of reoccurrence. We saw how learning had been shared with the staff team.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive care plans mostly identified people's needs and the choices they had made about the care and support they received. We observed how the registered manager had been in the process of updating these to include all relevant information and had neared completion of this process at the time of inspection. Risk was mitigated whilst this process took place as staff demonstrated they had good knowledge of the correct information for people. This was supported by completed recording charts evidencing the correct, safe support.
- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs.
- The provider supported staff to deliver care and support in line with best practice guidance and to support good outcomes for people.

Staff support: induction, training, skills and experience

- Staff received training that enabled them to meet the individual needs of people living at the service. For example, epilepsy and percutaneous endoscopic gastrostomy (PEG) training. Staff were positive about the training. One staff member told us about the specific support they had received from the provider to be confident and competent in driving the service's vehicle.
- Staff had regular supervision which enabled the registered manager to monitor and support them in their role and to identify training opportunities. Staff were positive about the supervision provided. The registered manager was passionate about staff development and demonstrated how well they knew each individual member of their staff team. We saw how staff were being supported to develop their skills, for example in relation to recording positive risks.
- In addition to formal supervisions, the registered manager regularly provided staff with informal supervision opportunities.
- Since the previous inspection the provider had introduced a new, more comprehensive, induction process. One staff member told us, "It's more in depth what they have now."

Supporting people to eat and drink enough to maintain a balanced diet

- We saw people being offered drinks and food and they were supported by staff who had received food hygiene training.
- People were encouraged to maintain a healthy, balanced, diet based on their individual dietary needs. A pictorial menu was visible and available to support people to make choices.
- People were supported to plan and cook their meals where able. We observed one person being supported to be involved in the preparation of the main meal.

- Information on people's weight was kept up to date in their care records and was monitored. The manager told us how they ensured people who were losing weight were referred to the most appropriate healthcare professionals. This was supported by the information in people's care plans and staff awareness of the information.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- We saw from the care plans and daily records that the service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. For example, staff contacted GPs and accompanied people to medical appointments. The registered manager told us how they had worked with healthcare professionals to get UK passports for people in preparation for their travel overseas.
- People had 'hospital passports' which contained essential information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.

Adapting service, design, decoration to meet people's needs

- People had personalised bedrooms which reflected their personal interests and preferences. One person confirmed to us that they had chosen the décor in their bedroom.
- The environment appeared to be meeting the needs of people and was accessible. For example, it was spacious with an accessible garden.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had ensured that DoLS authorisations had been applied for where necessary and these were reviewed when required. Staff were knowledgeable about how to protect people's human rights.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice.
- People had mental capacity assessments that were decision specific and a consultation had followed to enable a shared decision to be made about what was in the person's best interest. For example, a best interest consultation had been undertaken in relation to medical investigations for one person and for another for dental treatment.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- We observed staff were friendly and caring when supporting people. Staff spoke about people with genuine interest and affection. There was a strong emphasis on person-centred care. One staff member told us, "It is about what that person wants, just because another person likes it, it doesn't mean they are going to like it as well." The registered manager told us, "We only treat people the way they want to be treated themselves; everyone is treated as an individual ...their rooms are their own choices, choices in which meals they want to eat, choice of drinks and snacks, all are asked for their input on how they want communal areas."
- Peoples' care records contained detailed personal histories and information about their likes and dislikes, emotional wellbeing, and cultural and spiritual needs. Staff used these to get to know people and to build positive relationships.
- Staff offered people choices of what to eat, drink or do. We saw staff spending time with people and patiently encouraging them. Staff demonstrated an empathetic, non-judgemental and accepting attitude towards the people they supported.
- We saw a warm and caring approach by staff with positive and kind interactions between staff and people. For example, we observed a staff member coming and sitting next to a person and initiating a conversation with them and an activity of their choice. A staff member told us, "You've got time to spend with them. Head massage when washing their hair, things like that."
- Staff understood that some people had difficulty communicating their needs and wishes and proactively supported them using their preferred communication methods. Staff demonstrated their knowledge and skill to effectively communicate with people using both verbal and non-verbal communication. Staff explained how they checked to ensure people had understood their requests or responses. We observed staff and the registered manager responding proactively and sensitively to a person's body language and supporting them to be more comfortable.
- Records showed that people were offered opportunities to be involved in reviews of their care. We saw how people's preferred communication methods were used to support them to be involved. For example, for one person their reviews detailed their body language's response to discussion points.
- The registered manager was proactive in ensuring people were offered opportunities to be involved in meetings with other healthcare professionals. They told us how they had advocated to support a person to be as involved in a professional meeting as they wanted to be. Staff confirmed this.

Respecting and promoting people's privacy, dignity and independence

- We saw people's privacy and dignity being respected and supported by staff. For example, we observed a person being supported discreetly to their bedroom for personal care and their door was fully closed behind them.
- Staff understood the importance of respecting people's privacy. Staff recognised when people wanted to spend time on their own and always knocked before entering rooms. A staff member told us, "When you enter a room in the morning I always knock on the door, say good morning, close curtains and when going to the bathroom make sure I always cover them."
- People's independence was valued and promoted by staff. The registered manager told us how one person chose to be involved in their personal care routine. Staff confirmed this.
- People's confidentiality was respected, and only designated staff had access to people's records. One staff member told us, "When doing their monthly assessment, we have them at the table individually, so we are not discussing things in front of another service user".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were mostly detailed, person centred and goal orientated with a focus on achieving outcomes. The registered manager had been in the process of updating these and we observed they had been near completion at the time of inspection. The staff and registered manager demonstrated their knowledge and awareness of how people preferred to be supported.
- We saw evidence of positive outcomes for people due to thorough care planning and delivery. For example, we saw how the staff team and registered manager were in the process of supporting a person to identify if they continued to enjoy the activity of swimming, or whether their tastes had changed. This was being done through robust care planning and different swimming experiences being offered to the person.
- We observed individualised activities being offered to people throughout the inspection. A staff member told us, "They have music and movement they go to, a lady with music who comes to the house, aromatherapy, shopping, pubs, theatre, holidays. Everyday there is something going on and not just the same person going out."
- Staff were aware of ensuring people's emotional needs were met. We observed staff and the registered manager supporting a person proactively with their emotional support needs following their care plan during the inspection.
- In line with the principles of Registering the Right Support, there was a strong focus on building and maintaining people's independence. People were supported to shop within their local community and were on friendly terms with local shop assistants and workers in the local pub.
- The provider was proactive in their exploration, and use, of technology to support people to maintain contact with friends and family, their independence and to be engaged. They had supported one person to trial using video calling to maintain contact with a relative overseas. Two people had been supported to research and purchase sensory equipment for their personal use and enjoyment.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and planned for. For example, there were various easy read booklets and pictorial information to support people to make decisions. These included easy read fire procedures and flu leaflets.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. This was prominently displayed and was accessible to people.
- The service had not received any formal complaints, but the registered manager was able to detail how they would respond to, and manage, a complaint in line with the providers policy procedure.
- People were asked about their views in individual meetings and care plan reviews. Staff were aware of the signs they would look out for to alert them to any dissatisfaction people may have.

#### End of life care and support

- At the time of the inspection no one living at White Lodge was receiving end of life care.
- Care records demonstrated that discussions had taken place with people and their relatives about their end of life wishes, and these were clearly recorded for those who wanted them. For example, we saw the arrangements for a person's preferred funeral plan which was personalised and identified what was important for that person at end of life and afterwards.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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

- Staff spoke positively about the registered manager. Comments included, "[Registered manager's name] does listen to you, you wouldn't be frightened to say anything to her", "She is a very good manager" and "[registered manager] always asking if you are okay, do you need any help."

- Staff had access to policies and procedures which supported them to perform their role effectively. Staff told us information on safeguarding, whistle-blowing and equality and diversity was easily available in the office and displayed on notice boards.

- The registered manager and staff told us that the organisation supported an 'open door' approach and the culture of the service was one which was open and transparent. We observed the operations manager interacting with people and staff and they were clearly familiar and known to people and staff.

- The organisations visions and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. We observed that staff understood and cared for people in a manner that was in keeping with these principles and during the inspection staff were relaxed and happy and engaging with people consistently, using people's preferred communication methods.

- The registered manager and provider were aware of duty of candour and had clear processes in place to ensure this was met when required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their roles and responsibilities. Staff were positive about the registered manager and operations manager and felt supported.

- The provider had robust quality assurance procedures to help drive ongoing improvements within the service. A range of audits were completed to check the safety and effectiveness of infection control measures, medicines management, health and safety and care plans.

- Furthermore, the operations manager and provider carried out monthly and six-monthly audits and had regular meetings to identify any concerns and trends. This helped to maintain their oversight of quality and safety within the service. When issues were identified, action plans were made with timescales for work to be completed.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- We saw people had been consulted, and involved, in a new build initiative at another location as an option to move into. This new location would provide people with more space and suitable adaptations and updated mobility aids to support changing needs. At the time of inspection this project was ongoing. We observed personalised 'mood boards' for people to communicate their preferences and input into the new build as well as visible user-friendly progress reports on display. They were displayed at the eye level sight of people in wheelchairs.
- The provider and registered manager understood and implemented Registering the Right Support guidance. For example, the design of White Lodge was of a similar design to other domestic homes in the area. The provider's ethos and strategy was about promoting independence and the provider had taken steps to align the service model to increase and maximise independence for people.
- The service was very much part of the local community and people were encouraged to take part in community events and use community resources.
- Staff told us they felt listened to and could influence change within the service. Team meetings were held regularly, and the minutes showed these were used to share ideas and suggestions on how the service could be improved. Staff had been consulted on the introduction of new paperwork to ensure this was effective and fit for purpose. We saw how the registered manager involved the staff and listened to them.
- Staff supported people to access support provided by external agencies. People had access to many professionals, including independent advocates, GP's, dentists and others.

Continuous learning and improving care

- The registered manager told us they kept themselves up to date with developments and best practice in health and social care to ensure people achieved positive outcomes. They participated in the organisations registered managers forum, to learn from others and share good practice.
- Quality assurance questionnaires were sent to people, their families and staff. Feedback gathered was analysed and used to drive improvements. In addition, feedback was gathered using informal chats and regular meetings.
- The registered manager demonstrated an open and positive approach to learning and development. They told us about their regular 'feedback sessions' with staff which were informal group gatherings which were relaxed and encouraged team work and ideas.
- Staff told us they felt supported by the registered manager and provider. We observed during the inspection how comfortable and familiar staff were with the registered manager and the operational manager.