

Finbond Limited

Whitchurch Lodge

Inspection report

154-160 Whitchurch Lane
Edgware
Middlesex
HA8 6QL

Tel: 02089525777

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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

Whitchurch Lodge is a care home registered for a maximum of 32 people. People living in the home may have health and mobility issues associated with old age, physical disabilities or sensory impairment. The home is located close to shops and transport links. At the time of our visit, there were 26 people living in the home.

People's experience of using this service

People told us they were satisfied with the care provided. They stated that staff treated them with respect and dignity and they felt safe in the home. We observed that staff interacted well with people and were caring and attentive towards them.

Risk assessments had been documented. Risks to people's health and wellbeing had been assessed. There was guidance for staff on how to minimise risks to people.

Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse.

People received their prescribed medicines. Staff had received medicines administration training and knew how to administer medicines safely.

Staff had been carefully recruited and essential pre-employment checks had been carried out. The home had adequate staffing levels and staff were able to attend to people's needs. Staff had received training and had knowledge and skills to support people. There were arrangements for staff support, supervision and appraisals.

People were satisfied with their accommodation. The premises were clean and tidy. There was a record of essential maintenance carried out. Fire safety arrangements were in place.

Staff supported people to have a healthy and nutritious diet that was in line with their individual dietary needs and preferences.

The healthcare needs of people had been assessed. People could access the services of healthcare professionals when needed.

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 services supported this practice.

People's care needs had been assessed prior to them coming to the home and staff were knowledgeable

regarding these needs. The service provided people with person-centred care and support that met their individual needs and choices.

Staff supported people to participate in a wide range of social and therapeutic activities. The service arranged events to celebrate special cultural and religious days.

There was a complaints procedure and people knew how to complain. No complaints had been recorded since the last inspection. The registered manager stated that none had been received.

The service was well managed. People and their relatives stated that management listened to them. Management monitored the quality of the services provided via regular audits and checks. The results of the previous satisfaction survey indicated that people were satisfied with the care and services provided. However, a report following the survey had not yet been prepared.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (published 26 April 2017). The service remains rated as Good.

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.

Whitchurch 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:

The inspection team consisted of one inspector.

Service and service type:

Whitchurch Lodge is a 'care home'. People in care homes receive accommodation or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. The registered manager 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.

Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. We also reviewed reports about the home provided by the local authority. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

During the inspection

We spoke with eight people who used the service and three relatives. We also spoke with the registered manager, two deputy managers, a director of the company, a kitchen staff, and four care staff. We also

spoke with two visiting healthcare professionals and a religious visitor. We reviewed a variety of records which related to people's care and the running of the service. These records included care files of seven people using the service, two records of new staff recruited, policies and procedures, maintenance and quality monitoring records. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people.

After the inspection

We received feedback from a care professional.

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 Requires Improvement. At this inspection this key question has now improved to Good. People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded. Risk assessments included risks associated with falling, diabetes and pressure sores. Risk assessments contained guidance for minimising risks to people. Staff we spoke with were aware of how to keep people safe from these risks.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.
- The home had a fire risk assessment. Fire drills, emergency lighting checks and regular fire alarm tests had been carried out. We however, noted that the names of staff who participated in the drills had not been recorded. This is needed to ensure that all staff had participated in the drills.
- Records showed that a range of maintenance and safety inspections had been carried out by specialist contractors to ensure people lived in a safe environment. These included inspections of the fire alarm system, gas boiler, portable electrical appliances and electrical installations.
- Staff checked the hot water temperatures prior to people having a shower. This ensured that people were protected from scalding.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MAR) examined indicated that people received their medicines as prescribed. There were no unexplained gaps
- Medicines were stored securely and at the correct temperature on the day of inspection. The temperatures of the room where medicines were stored had been checked daily and recorded.
- Weekly medicine checks took place. Monthly medicines audits had been carried out to ensure that procedures were followed, and improvements made when found to be needed.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures to safeguard people from abuse. Staff were aware of action to take if they suspected people were being abused.
- People told us that they were safe in the home. One person said, "I feel safe here – absolutely! It's a fantastic home! They are so nice!" A relative said, "My relative is safe. She is well cared for. She is happy here."
- No safeguarding concerns had been reported to us or the local authority since the beginning of the year.

Staffing and recruitment

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks

were completed satisfactorily before staff were employed.

- The service had adequate staffing levels to meet the needs of people. People told us that staff were attentive towards them and always responded when they needed assistance. Staff said they were able to complete their allocated tasks.

Preventing and controlling infection

- The home was clean and there were no unpleasant odours.
- Staff had received infection prevention and control training. Protective clothing, including disposable gloves and aprons were available and staff used them.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Guidance and action to prevent re-occurrence was not recorded in the accident book. However, the registered manager stated that they were recorded in people's care records and she provided us with evidence of this.

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 remained Good. 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

- People's care plans contained evidence that people's needs had been individually assessed. Details of people's needs, including their daily routines, cultural, religious, dietary and preferences were recorded. This ensured that their individual needs could be met by staff.
- Regular reviews of people's care needs had been carried out with them, their relatives and care professionals involved. This was confirmed by them and relatives we spoke with.

Staff support: induction, training, skills and experience

- New staff had received a comprehensive induction to prepare them for their responsibilities.
- Staff records indicated that care workers had completed a range of training relevant to their role. Training included administration of medicines, food hygiene, infection control, moving and handling and safeguarding.
- Staff told us that their managers were supportive and approachable. There were arrangements for regular support, supervision and an appraisal of their performance.

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

- The nutritional needs of people were met. Nutritional needs had been assessed and arrangements were in place to meet people's dietary needs and preferences.
- Staff had arranged appointments with the dietitian when needed.
- People had been consulted regarding their preferences. They informed us that they were satisfied with the meals provided and there was a choice of main dishes at meal times.
- We observed that meals provided were served attractively and people appeared to enjoy their meals. One person said, "I am satisfied with the meals." A relative said, "The food looks good."

Staff working with other agencies to provide consistent, effective, timely care

- Staff regularly engaged with social and healthcare professionals. This ensured that the needs of people could be met. Appointments people had with these professionals were recorded.
- One healthcare professional informed us that staff were capable and their advice regarding the care of their patient had been followed. A second professional said, "This is a fine home. Staff are helpful."

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

- The home was well lit. The lounge had interesting ornaments and pictures which were produced by people during arts and crafts sessions.

- People's bedrooms were comfortable and well furnished. Bedrooms had been personalised with people's pictures and ornaments. This ensured that they felt at home.

Supporting people to live healthier lives, access healthcare services and support

- There was detailed information in people's care files to inform staff about their health and general wellbeing. Guidance was available to assist staff caring for people who had healthcare needs such as those with diabetes and who needed special attention.
- Staff arranged appointments with healthcare professionals such as GPs, dietitian, dentist and the podiatrist when needed.
- A relative said, "My relative is receiving good care and had been assessed by doctors and given her medicines."

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.

- Care plans included detailed information about people's capacity, their mental state and any mental health needs they may have.
- Staff had received MCA and DoLS training. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.
- DoLS authorisations were in place for those who needed them and the conditions had been met. An application had also been made for one person to the supervisory authority.

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 remained good. 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

- Staff had received training in ensuring equality and valuing diversity. They respected and supported people in meeting their diverse needs and were non-judgemental in their work. This was confirmed by people and their relatives.
- On the day of the inspection, we observed positive interaction between people and staff. Staff spent time with people. They smiled and talked with people in a pleasant, respectful and friendly manner.
- People and their relatives told us that staff were caring and respectful. One person said, "I am very happy here. The staff are lovely." A relative said, "Staff are very friendly, caring and helpful."
- A religious visitor to the home said, "Staff are wonderful, They work so hard. They show respect for other people's faith."

Supporting people to express their views and be involved in making decisions about their care

- Staff held two monthly meetings where people could express their views. This was confirmed by people and in minutes of meetings we saw.
- People and their relatives told us that they could express their views and the manager and staff listened to them.
- A relative said, "They consult with me about the care provided for my relative. They call me if needs to." A second relative said, "We got relatives' meetings and can feedback to the manager our views. Staff consult with me on decisions about my relative."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff protected their privacy and staff knocked on their bedroom door before entering.
- Staff told us that when providing personal care, they would close doors, not expose people excessively and if necessary close the curtains too.
- People were encouraged to be as independent as possible. This was confirmed by relatives we spoke with. We saw that staff walked alongside people, encouraged them and assisted them when needed.

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 remains as good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; 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

- The care needs of people had been carefully assessed. These assessments included information about a range of needs including those related to their cultural and religious needs, medical needs, pressure area care and mobility needs.
- People received personalised care and support. Appropriate care plans had been prepared and staff knew how to support people. People and their relatives were satisfied with the care provided. A relative said, "We are satisfied with the care. It may not be posh but its friendly and got a nice atmosphere. No one is left in their room. They do care."
- Several people in the home had diabetes. We found that staff were knowledgeable regarding the care needed for people. People's care records contained an appropriate care plan for the specific need. Staff worked alongside the community nurse to ensure that people's needs were met.
- We discussed the needs of people who were subject to falls. The home had assessments for falls and where needed, special sensory mats could be provided for people to alert staff when people were moving in their bedrooms. Referrals had been made to the falls clinic when needed.
- The home had an activities organiser and a varied programme of social and therapeutic activities which included arts and crafts sessions, sessions with visiting entertainers, visits by school children and outings to places of interest. Some people were involved in painting and their work was on display in the home. A relative said, "There appears to be enough activities – always seem to be something going on."
- Information about people's personal histories and their individual backgrounds were recorded in people's care records. Staff knew how to assist people to follow their religious and cultural observances. They told us how they supported a person to eat food that was in line with their religious requirements and enable them to attend their chosen place of worship. This was confirmed by a religious official we spoke with.

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.

- The home did not have a policy for meeting this standard. The registered manager stated that this would be provided. She stated that certain important documents such as the complaints procedure were already in big print so that people could understand them easily. She also stated that if needed, certain documents can be translated in the language people understood. In addition, each person's care record contained a

communication section with information regarding how to effectively communicate with people.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure which was on display on the noticeboard. People and relatives told us they know who to complain to.
- Complaints received and recorded had been promptly responded to. People and their relatives stated that staff responded appropriately to any concerns they may have.
- I have not complained. I am satisfied with the care provided for my relative.

End of life care and support

- The service had suitable arrangements for providing end of life care. There was an end of life policy to provide guidance for staff.
- The service had explored the end of life preferences with people and their representatives. These were documented in people's care records.

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 Good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a clear management structure in place, which consisted of the registered manager, two deputy managers, team leaders and junior care staff who were responsible for the smooth running of the home. Staff understood their roles and went about their duties calmly.
- Staff spoke positively about their managers. They stated that their managers were supportive and approachable.
- The home had a range of policies and procedures to provide guidance for staff. These included safeguarding adults, administration of medicines, equality and diversity and complaints.

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

- The registered manager had promoted an open, inclusive and caring environment within the home. This was confirmed by all people and relatives we spoke with. They were complimentary and described staff as kind and helpful.
- Staff and people we spoke with and their relatives told us the registered manager and senior staff were approachable and listened to them and took action when needed.
- Monthly staff meetings had been held where staff could express their views and received updates regarding the care of 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

- The registered manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. She knew when she needed to report notifiable incidents to us.
- Care documentation and records related to the management of the service were well maintained and up to date.
- Some people and relatives told us the care provided had enabled people to make progress and people had been able to settle in the home and some of them had improved in their health.

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

- People who used the service had opportunities to feedback about the care provided. An annual survey

had been carried out prior to this inspection. The analysis of this had not been completed. The registered manager stated that this would be done soon.

- The registered manager stated that they had have regular contact with care professionals and consulted with them when needed. This was confirmed by a care professional we spoke with.
- People's diverse and individual needs had been met. Some people had special diets, and these had been provided. Other people were able to continue with their religious and cultural observances such as attending places of worship and having meals which met their religious needs.

Continuous learning and improving care

- The service had a quality assurance system of checks and audits. Checks and audits were carried out by the registered manager and deputy managers to ensure that staff provided the care people needed. Checks were also carried out weekly in areas such as medicine stocks, maintenance of the building and the hot water system. Audits took place monthly and were carried out by the registered manager. These audits included areas such as maintenance of the home, health and safety and incidents.
- The registered manager informed us that she listened to people and their representatives and improvements had been made to the service and the care of people following suggestions made. This was confirmed by relatives we spoke with who said they could speak with the registered manager and she would take action when needed.

Working in partnership with others

- The service worked closely with social care professionals from the local authority and healthcare professional to improve the service for people who used the service. We received positive feedback from these professionals. One healthcare professional told us that the home was well run with staff who were caring. This was reiterated by two other care professionals we spoke with.