

# Barchester Healthcare Homes Limited

## The White Lodge

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



### Overall summary

We visited The White Lodge on 3 February 2015. The White Lodge is a care home supporting up to 80 people with care and nursing needs. This includes people living with dementia. The home has three floors, with the top floor being divided into two units. At the time of our visit there were 63 people living in the home. This was an unannounced inspection.

At our inspection on 17 September 2014 we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We issued the provider with one warning notice and four compliance actions. These related to people's care and welfare,

respecting and involving people in their care, safeguarding people, the management of medicines and the assessing and monitoring of the quality of service. Concerns were shared with the local authority safeguarding team and commissioners of the service.

There was a registered manager in post. 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.

# Summary of findings

The registered manager showed strong leadership and was clear about the improvements made and those still required. There was a positive culture in the home that promoted personalised care. People, their relatives and staff recognised that improvements had been made.

At this inspection we found action had been taken to bring the service to the required standard in relation to respecting and involving people, safeguarding people, management of medicines and assessing and monitoring the quality of service. There were continuing issues relating to people's care and welfare. We also found concerns relating to records and staffing.

Since the last inspection an activity co-ordinator had been employed and was developing an activity programme. However, people who remained in their rooms were at risk of social isolation as they spent long periods alone. There were limited activities for people living with dementia.

People's care records did not always contain accurate information. Some care plans contained conflicting information. Where monitoring forms were in place these were not always completed accurately. This put people at risk of receiving inappropriate care or care that did not meet their needs.

There were not always enough staff to meet people's needs. Some people told us they did not receive support promptly when they needed it. People in their rooms were left for long periods and were only visited by staff when supporting people with care tasks.

People enjoyed living in the home and felt well cared for. People were positive about the staff and the care they received. There was a culture that promoted dignity and respect. Staff were knowledgeable about people's needs and were kind and caring. Staff felt supported and were positive about the improvements made.

People's care and health needs were met. People were supported to make decisions and maintain independence. People had access to a range of health professionals and were referred promptly when their needs changed.

The registered manager and regional manager had implemented robust auditing processes that identified the issues found during our inspection and action was being taken to address them.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. The registered manager had made several applications for DoLS.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we took and what action we told the provider to take at the back of the full version of the 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. There were not always enough staff to meet people's needs.

There were policies and procedures in place to safeguard people. Staff understood their responsibilities to report concerns.

Systems were in place to ensure medicines were managed safely.

**Requires Improvement**



### Is the service effective?

The service was not always effective. There was not always sufficient information relating to decisions made by people.

Care and nursing staff were knowledgeable about people's needs. They had the skills and knowledge to provide safe and effective care.

There was sufficient food and drink available to meet people's needs. People enjoyed the food.

**Requires Improvement**



### Is the service caring?

People were supported by a service that was caring. Staff were kind and caring.

Staff treated people with dignity and respect.

People were supported and encouraged to be involved in their care.

**Good**



### Is the service responsive?

The service was not always responsive. People did not always have access to activities that interested them.

Records were not always completed accurately.

People knew how to make a complaint and felt confident to do so.

**Requires Improvement**



### Is the service well-led?

The service was well led. The manager had identified areas that required improvement and was taking action to address them.

The registered manager had strong leadership skills and was making improvements.

There was a positive culture in the home that promoted personalised care.

**Good**



# The White Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 200, to look at overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 February 2015 and was unannounced. We previously inspected the home on 17 September 2014. The inspection team consisted of three inspectors and one expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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 plan to make.

Prior to the inspection we looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed care practices throughout the day.

We looked at nine people's care records, medicines records, five staff files and a range of records showing how the home was managed. We spoke to 17 people, four relatives, a visiting health professional, the registered manager, the clinical support manager, the deputy manager, four nurses, 10 care staff, three housekeepers and one member of the catering team.

# Is the service safe?

## Our findings

At our inspection on 17 September 2014 the provider was not meeting the requirements of Regulation 11 and 13 of the Social and Health Care Act 2008 (Regulated Activities) Regulations 2010. People were not protected from risk of abuse as staff did not always understand their responsibilities in relation to reporting possible safeguarding concerns. Relatives did not always feel people were safe. People were not always protected from risks associated with medicines because records and stock balances of medicines were not always correct. At our inspection on the 17 September provider was not meeting the requirements of Regulation 13 of the Social and Health Care Act 2008 (Regulated Activities) Regulations 2010.

Following that inspection the provider sent an action plan telling us how they would improve. At this inspection in February 2015 we found the provider had taken action to improve in these two areas. Staff had received training in safeguarding and understood their responsibilities to report concerns. Medicines were regularly audited to ensure stock balances and records were correct.

People did not always feel there were enough staff available. Comments included; "You ask for something and it takes ages", "If you want to spend a penny [use the toilet] you are waiting for a long time for people to come" and "The worst days are Saturday and Sunday as they are all so busy".

Some care staff told us there were not always enough staff. One member of care staff said, "Sometimes it's short of staff but they try to get agency". Care staff comments about staffing levels varied depending which floor of the home they worked on. On the ground floor care staff told us there were enough staff on duty to meet people's needs. On the middle floor one member of care staff told us, "Three staff is not enough, we are not always giving the best quality of care because we don't have the time". Care staff working on the top floor told us it was sometimes difficult to meet individual needs due to the number of people who required support from two members of care staff. The nurses managing the floors were actively involved in supporting people's care needs and supporting staff.

We spoke with the registered manager who told us required staffing levels were based on the needs of people. Due to the reduced number of people living in the home

care staff numbers had been reduced accordingly. On the day of our visit the assessed required number of staff were on duty. We looked at the duty rotas for a two week period and found on three occasions the required number of staff were not on duty. The registered manager recognised the home was using a significant amount of agency staff and was actively recruiting permanent staff. The registered manager advised they were now booking agency staff in blocks to maintain consistency. We were not assured that there were sufficient staff at all times to meet the needs of people who remained in their rooms.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe. Comments included; "I feel very safe and well looked after" and "I wanted to feel safe and I do". Relatives also felt their relatives were safe. One relative said, "Very good safe care and I am confident that [my relative] is safe when I go".

Staff we spoke with knew the signs of abuse and had clear understanding of their responsibilities to report concerns. One member of care staff told us "It goes without saying [staff] would report any safeguarding issues". Care staff were aware of where to report outside of the organisation which included the local authority safeguarding team and CQC. Staff were aware of the providers whistleblowing policy and were confident to use it if they felt action had not been taken by the registered manager.

Assessments were undertaken where people were considered to be at risk. Where risks were identified risk assessments were completed and management plans put in place. These plans supported people's freedom and choice. Risks identified included; pressure damage, mobility, nutrition and falls. For example one person was at risk due to their chosen method to mobilise. The risk assessment included how the person should be supported and that staff should check on the person hourly. We saw that care staff checked the person regularly and were supportive of their wish to move in their chosen way, in line with their care plan.

Medicines were stored and administered safely. Administration records were completed accurately. Medicines were administered by qualified nurses. People's medicine's records included a photograph and any known allergies. Where people were prescribed 'as required' (PRN) medicines, there were protocols explaining when the

## Is the service safe?

medicine should be administered. For example one person was prescribed medicine to reduce anxiety. The PRN protocol detailed the methods staff should try to reduce anxiety prior to administering the medicine.

People were supported to take their medicines in line with their prescription. One person was reluctant to take their medicine. The person was supported to understand what the medicine was for and then agreed to take it.

All medicines were securely stored in line with current and relevant regulations and guidance. Medicines were managed so that people received them safely. Balances of medicines not kept in a monitored dosage system were recorded on the medicine's administration record to provide an audit record of stock. We checked the balances of some medicines and found they were correct. Opening dates were recorded on medicines where required.

The registered manager operated safe recruitment practices. Recruitment records showed that all required checks were carried out before staff began working at the home. Checks included a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff have a criminal record or were barred from working with children or vulnerable people. Staff received induction training and worked with more experienced staff before working alone. This ensured people were supported by suitable staff.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency plans which provided detailed instructions on how a person should be supported in the event of an emergency such as an evacuation. Staff were aware of the plans and had received training in how to respond to emergency situations.

# Is the service effective?

## Our findings

At our inspection on 17 September 2014 the provider was not meeting the requirements of Regulation 9 of the Social and Health Care Act 2008 (Regulated Activities) Regulations 2010. People's safety and welfare was not always protected as the provider did not always plan and deliver care to meet people's individual needs.

Following that inspection the provider sent an action plan telling us the actions they would take to make improvements. At this inspection in February 2015 we found the provider had made improvements in this area. Staff had attended dementia training and understood how to support people who became anxious.

People were complimentary about the staff and the care they received. Comments include; "The staff know how I like to be treated" and "They care for me really well here". A health professional visiting was positive about the care provided and told us staff knew people well.

Care and nursing staff were knowledgeable about people's needs. They had the skills and knowledge to provide safe and effective care. Staff received regular supervision and felt well supported. Nursing staff were supported to maintain their nursing registration and develop professional skills. Care staff had recently attended training in how to support people living with dementia. Staff spoke positively about the training and how it had impacted on the care they provided. One care worker told us, "We make care more individual. We know how to support people especially with some challenging behaviour. We now know why they might be behaving that way and what to do to help them". Care staff were able to access career development. One member of staff had completed their National Vocational Qualification in Social and Health Care (level two) and was now enrolling to complete their level three. Staff had regular supervision and felt well supported. One care worker told us, "The team works well together". Care staff told us that they could approach the registered manager or nursing staff for support and guidance at any time.

People enjoyed the food. One person told us, "I really like the food here. I'm a plain eater and they give me what I want". Staff said the chef was flexible and if people did not like the food on the menu an alternative would always be found.

People had a choice of where to eat their meals. People who remained in their rooms were supported to eat and drink in line with their care plans. The atmosphere in all of the dining rooms was relaxed, providing a comfortable environment for eating. Staff respectfully assisted people to eat their meal. Staff sat with people and chatted while they assisted them to eat at a relaxed pace. There was a choice of meals and where people were unable to understand the choices they were shown the options, enabling them to indicate visually which they preferred.

People who were assessed at risk of malnutrition had their food intake monitored. Catering staff were aware of people's individual dietary requirements and provided food to meet people's needs. Where people required thickened fluids to prevent the risk of choking, these were provided in line with recommendations.

People were referred to health professionals when required. Care plans included referrals to physiotherapists, chiropodists, speech and language therapists (SALT), tissue viability and the memory clinic. One person who had multiple sclerosis had regular visits from a specialist multiple sclerosis nurse. A visiting health professional told us people were referred appropriately and in a timely manner.

Nursing staff we spoke with had understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager had made DoLS applications and was awaiting the outcome of assessments being carried out by the local authority.

Care staff told us they had recently attended training in the Mental Capacity Act. Care staff understood the Mental Capacity Act and knew how to assist people to make decisions. We observed care staff supporting people living with dementia. Where people were unable to make decisions staff offered visual prompts to assist them. Staff understood where people lacked capacity to make a decision, a best interest decision was made.

Care records contained mental capacity assessments and where people were assessed as lacking capacity there were records of best interest processes being followed. Mental

## Is the service effective?

capacity assessments were decision specific. For example one person's care record showed a best interest meeting and decision made in relation to where the person should live.

Care records identified where people had appointed a lasting power of attorney. One record showed a person had made an advanced decision relating to medical treatment.

However, there was no copy of lasting powers of attorney or advanced decisions kept in the home to inform actions that may be required by the provider. This did not assure that people's decisions would be respected.

**We recommend the provider considers the guidance in the Mental Capacity Act Codes of Practice in relation to advanced decisions and lasting powers of attorney.**



# Is the service caring?

## Our findings

At our inspection on 17 September 2014 the provider was not meeting the requirements of Regulation 17 of the Social and Health Care Act 2008 (Regulated Activities) Regulations 2010. The provider did not always ensure people were treated with dignity and respect. People were not always treated with consideration. At this inspection in February 2015 we found the provider had taken action to improve the way people were treated.

People were full of praise about the staff. Comments included; "I haven't found anybody who can't do anything. They are all good, polite and kind", "They are so kind and help me enjoy my day" and "People talk to me and nothing is too much trouble. I think they're [staff] great".

Staff were enthusiastic about the care they provided. One care worker told us their aim was, "To make people happy, comfortable and enjoy life as much as possible."

Care staff had attended training in dementia care. They used their skills to support people in an empowering way. Care staff were compassionate, providing personalised care that valued people. Staff used their knowledge of individuals to guide their approach. One person's care plan stated the person liked to listen to classical music. Care staff talked to the person about the music playing while they were providing support.

Throughout our visit we saw people treated respectfully, with kindness and warmth. There were many friendly

and affectionate interactions. On one occasion a person was distressed; we saw a care worker reassuring them by stroking the person's hair and singing with them. The person became calm and smiled.

People were treated with dignity and respect. We saw one person being supported into the lounge. The care worker discreetly asked the person if they would like a tissue to wipe their nose. Staff understood what changes in people's behaviour meant and responded quickly in order to minimise their anxiety. For example, one person was becoming anxious, staff were quickly aware and offered to support the person to the toilet. When the person returned to the communal area they were calm and relaxed. On another occasion one person became anxious, care staff quickly noticed this and identified the person needed the toilet. Once the person had used the toilet they were calm and relaxed.

People were included in their care. Staff were patient and allowed people the time to make their needs known. Staff spoke to people explaining what was happening and respected their choices. For example one person was calling out, a care worker responded in a calming manner. The care worker encouraged the person to come to the dining room for their meal. When the person declined the care worker respected their choice and immediately returned with a meal.

Most relatives were involved in their relatives care. One relative told us, "I know what is in [my relative's] care plan. I attend review meetings and I am fully involved."

# Is the service responsive?

## Our findings

At our inspection on 17 September 2014 the provider was not meeting the requirements of Regulation 9 of the Social and Health Care Act 2008 (Regulated Activities) Regulations 2010. People's care was not always delivered in line with their care plans and care plans did not always accurately reflect people's needs. People did not have access to activities that interested them.

Following that inspection the provider sent an action plan detailing how the service would be brought to the required standard. At this inspection we found that not all improvements had been made. For example people did not have access to activities that interested them.

An activity coordinator had been employed since the last inspection and was developing an activity programme. During our visit there was musical entertainment. People in communal areas of the home were encouraged to attend but many people who remained in their rooms were not asked.

People and their relatives were pleased that an activity coordinator was now employed. However one relative told us, "The activities co-ordinator is very good but there is still not enough happening to provide stimulation for people who have dementia". On the middle floor, people with dementia had little social interaction that was not as a result of support to meet a care need.

Although there was a garden, people told us they did not have regular opportunity to use it. One person said, "I would like to get out in the garden more but people [staff] are very busy". Another person told us, "I would like to get out more and go on trips".

We were not assured that people had access to sufficient social stimulation to meet their needs. Many people who remained in their rooms were only visited when staff were providing a care task. This put them at risk of social isolation.

This was a breach of Regulation 9 of the Social and Health Care Act 2008 (Regulated Activities) Regulations 2010.

Some people's care plans contained conflicting information which put them at risk of inconsistent care or not receiving the care and support they needed. For example one person had a feeding tube to receive their nutritional needs. The risk assessment stated 'not taking

orally since Jan 2014'. However, this person had been assessed by the speech and language therapist (SALT) and was able to have occasional food and drink orally. Staff told us of recent examples where this person had sips of tea and water. The risk assessment had not been updated.

People's monitoring charts were not always completed. Where people were at risk of malnutrition, food and fluid charts were in place. Fluid charts stated the required amount of fluid the person should be supported to drink. Some charts had not been completed. When required fluid intake was not achieved this was reported to nursing staff and a record made in the person's care plan. This was not always recorded. People had drinks in their rooms and we saw people being offered drinks. However we could not be assured that people were always receiving adequate fluids.

People's care plans did not always contain clear information relating to wound care. One person's wound management record referred to two areas of pressure damage. However, the wound assessment record referred to a third area. The treatment and care required to aid healing and prevent deterioration was not recorded in the care plan for the third area. We spoke with the nursing staff who were aware of all of the person's wounds and the treatment required but were unable to find additional records regarding the person's wounds.

These concerns were a breach of Regulation 20 of the Social and Health Care Act 2008 (Regulated Activities) Regulations 2010.

Care plans were personalised with information about people's likes, dislikes and what was important to them. Where possible people were involved in determining their care and where people were assessed as lacking capacity family members were consulted. One person's care plan detailed the importance of the person remaining as independent as possible. The person wanted to make their own bed and fold their own clothes. We saw staff supporting the person to carry out these tasks.

People knew how to make a complaint and the provider had a complaints policy in place. This was clearly displayed in the home. People told us they felt confident to raise concerns and that they would be listened to. One person said, "If I had any problems I would complain to the staff

## Is the service responsive?

but I haven't needed to yet". Most relatives felt complaints would be dealt with to their satisfaction. One relative said, "I have only had a few small issues but I spoke to a carer and she sorted it out for me".

Relatives meetings were held to enable relatives to make comments and suggestions about improving the service

provided. Minutes of a relatives meeting identified some suggestions made in relation to how people could be consulted about their the menu choices. These had been implemented.

# Is the service well-led?

## Our findings

At our inspection on 17 September 2014 the provider was not meeting the requirements of Regulation 10 of the Social and Health Care Act 2008 (Regulated Activities) Regulations 2010. Systems for monitoring the quality of service were not effective.

Since our inspection the registered manager had demonstrated strong leadership, supported by the regional manager. A new deputy manager was in post and a clinical lead was supporting the on-going improvements. Staff had seen positive changes that had improved people's lives. One member of staff said, "We are definitely more person centred. We are involving residents more". Staff understood the values of the home, one care worker told us, "Our priority is quality of care for the residents".

Staff were complimentary about the support they received from the registered manager, nursing staff and their colleagues. Comments included; "I'm very supported. We are a good team" and "I feel comfortable to ask if I'm not sure about anything. I had only been here a few weeks but was asked for my opinion and if there was anything I wanted to raise at the team meeting".

The registered manager told us they had introduced a weekly 'Gem award'. This was given to staff each week who had been nominated for 'going the extra mile'. Staff were positive about the introduction of the award, which made them feel valued.

The registered manager was aware there were still improvements to be made and was actively working to make further improvements and sustain improvements already made. There were regular meetings for people and their relatives to enable the registered manager to talk about the progress that had been made and issues still to be addressed. The meetings identified the registered manager had been open and transparent about the difficulties the home had experienced.

The registered manager and area manager carried out a wide range of audits. These were used to improve the quality of service. One audit had identified some of the issues we found during this inspection. An action plan had been developed to address the issues and was on-going. Several areas had already been addressed. For example people's experience at mealtimes had been reviewed. The audit identified people did not always get the support they needed to eat their meals and that people were not always shown meals to support them to make a choice. Action included training for staff and discussion at staff meetings. Records of staff meetings showed the dining experience had been discussed. During lunchtime we saw people were shown choices of food and people were supported appropriately to eat and drink. One staff member commented, "The mealtime experience for people is much better".

Following the audit the registered manager had introduced 'nutrition meetings' as the audit identified there were not always accurate records relating to people's food and fluid intake. People at risk of malnutrition were identified and actions agreed. This included referral to appropriate health professionals. Care plans confirmed actions had been taken. There was on-going monitoring and training relating to completion of food and fluid charts. This demonstrated the registered manager had ensured that all aspects of the service in relation nutrition and hydration had been improved.

There were clear procedures for recording and reporting accidents and incidents. These were reviewed by the registered manager and a monthly trend analysis was completed. This analysis had identified a pattern relating to people experiencing falls during the staff handover period. The registered manager had changed the way handover took place to ensure people were supported during this period. This had been discussed at a staff meeting and staff confirmed the change.

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 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  
Treatment of disease, disorder or injury

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

**How the regulation was not being met.**

The registered person had not taken appropriate steps to ensure each service user was protected from the risks of receiving care that is inappropriate by means of planning and delivery of care to meet service users individual needs. Regulation 9 (1) (b) (ii)

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

**How the regulation was not being met:** The registered person did not take appropriate steps to ensure that, at all times, there were sufficient numbers of suitable qualified, skilled and experienced persons employed for the purpose of carrying on the regulated activity. Regulation 22

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

**How the regulation was not being met:** The registered person did not ensure that service users are protected against the risks of unsafe or inappropriate care and treatment from a lack of proper information about them by means of the maintenance of an accurate record of each service user. Regulation 20 (1) (a)