Countrywide Care Homes (2) Limited

White Rose Lodge

Inspection report

Lime Kiln Lane
Bridlington
North Humberside
YO15 2LX

Tel: 01262400445

Date of inspection visit:
21 January 2019

Date of publication:
11 February 2019

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?	Requires Improvement

Summary of findings

Overall summary

White Rose Lodge is care home which provides a service for older people and people with dementia. People in care homes receive accommodation and personal care as a package of care 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 service is registered to accommodate a maximum of 38 people. There were 27 people using the service at the time of inspection.

At our last inspection, we rated the service good. At this inspection the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format, because our overall rating of the service has not changed since our last inspection.

The service did not have a registered manager in post at the time of inspection. The registered manager had deregistered with CQC on 6 December 2018. Steps had been taken by the provider to recruit a new registered manager. A registered manager is a person who has registered with the CQC 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.

People told us they felt safe. Staff continued to be recruited safely and there was adequate staff to meet people's needs. Medicines were administered safely. Systems were in place to reduce the risk of cross infection.

Staff had appropriate induction, training and supervision to support them in their roles. People were supported to access healthcare services. People's nutrition and hydration needs were met. The environment was suitable for people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were kind and caring. We observed positive interactions during the inspection. Staff respected people's privacy and dignity.

People's care plans were written in a person-centred way. Staff delivered responsive care to meet people's needs. The provider used technology to monitor the service and to support people to maintain relationships. There was provision for people to take part in activities.

People told us they were well supported by the deputy manager. The management team held family meetings and relative meetings. The service worked in partnership with health professionals and the local community.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service has deteriorated to Requires Improvement.	**Requires Improvement**

White Rose 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 January 2019 and was unannounced.

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They supported the inspection by speaking with people who used the service and observing the care and support staff provided.

Before our inspection, we reviewed all the information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to tell us about by law. We contacted the commissioners of the service from the local authority, the local authority safeguarding team and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services. We used their feedback to plan the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke in detail with six people who used the service and eight relatives. We spoke with a range of staff including the deputy manager, the acting manager, the regional manager, care workers, the cook and the activities coordinator. We spoke with one visiting health professionals. We reviewed a range of records including four care plans, care monitoring records, medicine records, training and staff files and other records relating to the quality and safety of the service.

Good

Is the service safe?

Our findings

People told us they felt. One person said, "Yes, I feel very safe and I am 100% satisfied with how they look after me." The provider had systems in place to safeguard people from abuse. Staff had received training in this area and had knowledge of their responsibilities.

Risk assessments were in place when a risk had been identified. A 'resident at risk' report was completed monthly. This included significant information and actions taken in relation to risks to people, such as, pressure care and unintentional weight loss.

The provider used a dependency tool to assess staffing levels. During our inspection there was a suitable amount of staff available to care for people. When buzzers were pressed we observed these were answered in a timely manner.

Staff continued to be recruited safely. References and a satisfactory Disclosure and Barring Service (DBS) check had been obtained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Medication was administered safely. We observed staff administering medication and found this was done safely.

There were systems in place to reduce the risks of cross-infection including providing care workers with Personal Protective Equipment (PPE), such as disposable gloves and aprons. Cleaning schedules were in place to keep the home clean and tidy. We observed the home was clean and tidy. One person told us, "The home is always very clean."

The provider made sure appropriate certification was in place to confirm the completion of specialist environmental, health and safety checks. For example, certificates for emergency lighting, electricity and gas installation checks as well as tests for legionella.

Lessons had been learnt and action taken when things had gone wrong. For example, following an alleged concern, measures had been implemented across the home to ensure the service could monitor if people were receiving required care during the night. Staff appropriately reported accidents and incidents. These were monitored and analysed by the management team to identify any learning opportunities.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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. The application procedures for this in care homes and hospitals are 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 were being met.

Most people who lived at the service had capacity to make decisions. When people did not have mental capacity, staff had made DoLS applications where necessary. Staff had knowledge on MCA.

Staff had received appropriate induction and training to support them in their role. One staff told us, "The training is good. It covers all the areas we need. When you have supervision, they ask if there is any other training you would like." We saw staff received supervision and appraisals. One member of staff told us, "Yes we have supervision, it's a while since my last one because of the changes in management." The deputy manager was aware of this and actions were been put into place to rectify this. Staff told us they received adequate support.

People told us they were happy with the food available. Comments included, "Food is excellent" and "The meals are wonderful." People's nutrition and hydration needs were met. We saw food and drink was available to people throughout the day. There was a comments book located in the dining room if people wanted to make comments on the food and any suggestions.

The deputy manager was aware of the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. People's communication needs were documented in their care plans. The deputy manager told us they could access large print and easy-read documents if required.

Staff supported people to access healthcare services. During our inspection staff sought advice from health professionals such as GP'S. Records showed people were supported to access healthcare services.

People told us they were happy with the environment. One person told us, "I love my room, I have a sea view and everything." The environment was suitable for people's needs. Bedrooms were decorated and furnished in an individual way. People had their own bathing facilitates in their bedroom, but additional bathrooms were available with bath hoists for people who required this equipment.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "The staff treat us well, they are very kind." One relative told us, "The happiness here is all because of excellent staff." We observed positive interactions between staff and people who lived at the service. For example, we saw staff having meaningful conversations with people regarding their previous occupations.

Staff respected people's privacy and dignity. They told us, "If people want, we have a screen in the lounge we can put up when supporting people with hoisting to preserve their privacy and dignity." People's cultural and spiritual needs were respected. The staff organised for a church service within the home to support people who were unable to access the church.

Staff supported people to maintain existing relationships by welcoming visitors into the service. Relatives told us they were made to feel welcome and there were no restrictions on visiting times. Staff used technology to support people to maintain relationships with their family and friends. The home had facilities which people could use to skype their relatives in different countries.

Staff considered any sensory impairment that affected people's abilities to communicate. There was information in people's care plans about any specific communication needs they had and support they needed from staff to ensure they were understood. One care plan required further detail as staff told us they used a whiteboard to positively communicate with person, however this was not detailed in the persons care plan.

Staff kept people's personal information private. Written records, which contained private information, were stored securely when not in use. Computer records were password protected so they could only be accessed by authorised members of staff.

We saw advocacy information was available if people required this. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

Good

Is the service responsive?

Our findings

People and their relatives told us they received good care and were fully involved. One relative told us, "I am invited to give my thoughts on my relative's care; the home is fully responsive. [Name] does receive good care; I have no anxieties."

We saw positive examples of how staff had supported people on respite and these people were then able to return home. One relative told us, "[Name] came here after a fall via hospital. Then they were frail and withdrawn; now they have been transformed through getting their medication right, social interaction, and staff support. This is a great relief. They look ten years younger."

People's care plans continued to be written in a person-centred way. They identified the person's individual needs and abilities as well as choices, likes and dislikes. Care files included a 'Me and my life' document, which recorded the person's life story so far, their routines and any medical diagnoses. This helped staff to get to know people and supported them to deliver person-centred care.

Activities were available for people to participate in if they wanted to. The service had an activity board with pictures of the activities on offer throughout the week. We observed activities such as bingo and bowls during the inspection. This encouraged a lot of people who chose to spend time in their bedrooms to come and participate and socialise. One person who lived at the service had set up their own chess group within the home. There was a library room available for people if they wished to read books or spend time in a quieter area.

The provider used technology to monitor how long people had to wait for assistance and to ensure people received checks from staff during the night if they required.

Complaints had been responded to in line with the provider's policies and procedures. A variety of compliments had been received in the form of thank you cards and letters.

Staff were not supporting anybody with end of life care at the time of inspection. People's wishes at end of life stage had been discussed and this was documented in their care plan. When people had not wished to have this discussion, staff had respected their decision.

Requires Improvement

Is the service well-led?

Our findings

It is a condition of the provider's registration they have a registered manager in post. At the time of inspection there was no registered manager in post. The registered manager had deregistered with the CQC on 6 December 2018. A registered manager is a person who has registered with the CQC 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.

The provider had been taking steps to recruit a registered manager. The deputy manager had been 'acting up' in the interim and support measures had been put in place to support them during this time.

Staff told us the deputy manager had been supportive of them during this time. One member of staff told us, "[Name] has been really good, and has been available for us. They are approachable and you can go to them with any confidential stuff." Staff we spoke to told us they enjoyed coming to work.

The provider used surveys to gather feedback from people, their relatives and professionals. The results of these were analysed to monitor for any development opportunities.

Staff meetings and relative meetings took place, this gave people the opportunity to be involved in the running of the service.

The staff maintained links with the local community through the church visits and visiting local stores. Staff also put on a variety of events in which members of the public were invited to ensure community links. The management and staff team did a variety of fundraising events for local charities, which the people who lived at the service had chosen.

The deputy manager told us they worked in partnership with healthcare professionals. Surveys had been carried out with health professionals to gain their feedback on the home. Results had been analysed and action taken where required. The feedback from health professionals was positive. The home also had provision for other homes to use their summer house to promote partnership working. The management team attended 'provider forums' and subscribed to websites and magazines to stay up-to-date with best practice.