White Lodge Rest Home Limited

White Lodge Rest Home

Inspection report

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Date of inspection visit:
09 June 2016
14 June 2016

Date of publication:
15 July 2016

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

The inspection took place on 9 and 14 June and was unannounced.

The home provides accommodation and care for up to 28 people who may be living with dementia and other mental health issues.

There was a registered manager at the service. 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.

People said they felt safe living at White Lodge Rest Home and said they were happy there. Staff had completed training with regard to safeguarding adults. There were procedures to follow in the event of a fire or other emergency. Risk assessments were undertaken to identify and minimise risks to people's health and wellbeing, including mobility and risk of falls. People received their medicines as prescribed and in the way they preferred.

People were happy living at the home. The provider had a training programme in place which ensured staff received training in subjects such as moving and handling, infection control, safeguarding, dementia and nutrition and hydration. People's rights to give consent and make choices were protected and promoted. People were supported to eat and drink enough and had a choice of food. When necessary, people's health was monitored by professionals, such as GPs.

People felt staff cared about them and we observed staff behaving in a caring way towards them. We observed staff interacting with people in a positive and inclusive way, seeking their thoughts and views about every day matters. Staff respected people's privacy and dignity in the way they supported them.

People received personalised care that was responsive to their needs. Each person had a care plan which detailed their individual preferences and needs and was developed through an assessment process. People enjoyed a range of activities within the home and some went out to the shops. People felt able to complain if they needed to.

People felt the service was well led and knew the registered manager and the provider, who was in the home most days. The culture of the home was positive and person centred and we observed good examples of this throughout the inspection. The registered manager was pro-active in ensuring they were aware of the quality of the service being provided.

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.

The registered manager and staff had received training in safeguarding adults and were aware of how to use safeguarding procedures.

People had risk assessments in place to ensure every day risks were identified and minimised where possible.

Staff had been recruited following satisfactory pre-employment checks. There were enough staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had the appropriate knowledge and skills.

Staff sought consent from people before they supported them with personal care. The registered manager understood the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 and people had been referred as appropriate.

People were encouraged to enjoy their meals and staff ensured they had enough to eat and drink to meet their needs.

Is the service caring?

Good

The service was caring.

People felt staff cared about them.

Staff interacted with people in a positive and inclusive way and sought their views.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received a service which was responsive to their individual needs.

People's care and support was planned in partnership with them.

The service had a complaints procedure in place and people felt able to complain.

Is the service well-led?

Good

The service was well led.

The culture of the service was open and transparent.

People knew the registered manager and provider and spoke highly of them.

A system of auditing was in place which the registered manager used to monitor the quality of the service.

White Lodge Rest Home

Detailed findings

Background to this inspection

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

This inspection took place on 9 and 14 June 2016 and was unannounced. The inspection was carried out by an Adult Social Care Inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the home is required to send us by law and our previous inspection report.

During this inspection we looked around the premises, spent time talking with people and observed people having their lunch and socialising in the dining room. We spoke with eight people, one visitor, four staff members, the registered manager and the provider. We looked at a range of records regarding the management of the service including three care plans, medication charts and audits.

We last inspected White Lodge Rest Home Limited on 30 August 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People felt safe living at White Lodge Rest Home and said they were happy there. Staff had completed training with regard to safeguarding adults and they gave us examples of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to use safeguarding procedures appropriately.

There were procedures to follow in the event of a fire or other emergency. Every person had a personal evacuation plan in place and a colour coded scheme was used to indicate the level of risk for each person, if they needed to leave the home in an emergency. Plans included details about how people might respond emotionally to an emergency evacuation. Most people were mobile and staff were aware who needed more support.

Risk assessments were undertaken to identify and minimise risks to people's health and wellbeing, including mobility and risk of falls. Where risk assessments showed people needed equipment, such as a walking frame, staff ensured people used them as guided by their risk assessment. Staff said for every risk there was a planned intervention to limit the risk. People were not restricted in what they could do, for example, if a person was diabetic, the risks were highlighted around eating certain foods, but people could still make choices or buy sugary foods. There was a risk assessment for the environment and any accidents were reported and reviewed to see if there was a pattern. This helped to ensure that any themes or trends could be identified and investigated further.

People were supported by staffing levels which met their needs during the day and night. One person told us "Staff are always in and out. You can press the bell and they come quickly. At night, staff check me frequently, check everything is alright, that all is ok with us." Another person said "The carers are on the ball" with regard to supporting them.

The registered manager decided the number of staff needed based on people's needs. Extra staffing was provided on some shifts because two people were supported to go out of the home with one to one staffing to access activities in the community to meet their assessed needs. Staff said they worked as a team and would cover each other when staff were on annual leave. The registered manager also covered shifts when necessary.

The provider had safe recruitment procedures in place, which included seeking references and completing checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We found these checks had been completed before new staff started working with people.

People received their medicines as prescribed and in the way they preferred, such as on a saucer, or on a serviette. Staff were careful to ensure that people did not have more medicines than they should. We heard a person asking for a cold remedy powder and staff checked with the senior staff member to see when the

person had last had their prescribed pain relief to ensure the doses were not too close together. We heard staff asking people whether they would like their medicines before administering them.

Where people were prescribed medicines "as required", staff knew how and when to offer these medicines. A staff member told us people referred to their medicines using descriptions, such as "fizzy tablets" and so they used this language when talking to people. Some people were prescribed medicines to reduce agitation. Staff knew people well and knew how people's behaviour changed as they became more agitated. Staff tried a range of distraction techniques before offering the medicine, such as sitting with people and talking with them.

Medicines administration records were completed and signed appropriately and showed how much medicine people had taken, for example, one or two spoonfuls of liquid. Medicines were stored correctly and securely. Staff who administered medicines had completed a training course and were assessed as being competent. Training was repeated every year to ensure staff were up to date with any new guidance.

Good

Is the service effective?

Our findings

People were happy living at the home. One person said "It's good here, we are looked after well". People were cared for and supported by well trained staff. Staff valued the training and one said the training was "Really good, I like training." Dementia training was "very good, I've done [this] so many times but each time I've heard something different, so I put that all together. The memory loss training was very good, to consider how [people] may be perceiving things." Another staff member said "The current trainer is absolutely fantastic. You know your stuff when you come out, it is very structured."

The provider had a training programme in place which ensured staff received training in subjects such as moving and handling, infection control, safeguarding, dementia and nutrition and hydration. Staff were able to access additional training for their role and the majority had completed National Vocational Qualifications in care, with seven staff achieving a level 3. Some people at White Lodge Rest Home were living with dementia and other mental health issues. Senior staff had completed a course entitled "Mental Health Awareness Level 2" which was undertaken through a local college. Staff completed modules which were marked by college staff who also included information on what work was needed to improve the module, thereby ensuring staff had understood the course content. Other care staff had completed the first "Mental Health Awareness" course. The registered manager had taken some ideas from the course they completed about dementia awareness and had placed signs around the home to show people which room they were in and promoting supporting people to eat meals with their relatives. However, the registered manager was not aware of the National Institute for Health and Care Excellence guidelines for supporting people with dementia and did not keep up to date with developments in dementia care. We discussed the use of these resources with the registered manager who agreed to look into this.

Although the registered manager had a system in place for supervising staff, staff had not received regular supervision so far this year. Staff felt supported by the provider and registered manager and one staff member said, they were "easy to talk to. It is teamwork here". The registered manager said they supported staff by talking to them regularly, that they had an open door policy and resolved to sort out any issues straight away. The registered manager had an action plan to ensure staff supervision sessions were resumed and had set some dates.

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's capacity had been assessed, using a local authority recognised format, for individual decision making. Examples included eating a poor diet and forgetting to go to the toilet. The staff and registered manager understood that people could have capacity to make one decision but not another. Where appropriate, people signed consent forms regarding their care and support needs and the taking of photos.

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 are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the manager was meeting the requirements of the Deprivation of Liberty Safeguards and had made applications to the local authority. One person confirmed to us, "I come and go as I please."

People were supported to eat and drink enough and had a choice of food. One person told us there was "A variety of food" available. Each morning the chef walked around the home to ask people what they would like to eat at lunchtime but people were not restricted to the two main meal choices. The chef gave us an example of the cooked meal being chicken and bacon pasta but one person did not want pasta so had the chicken and bacon sauce with potatoes. Similarly, another person did not like rice so had curry with a jacket potato. The chef also explained how that whilst they made separate cakes for people with diabetes, using sweetener instead of sugar, they thought it was not fair to leave people out if they made a big special cake and therefore used sweetener for this so everyone could eat it.

Staff were also aware of people's food preferences. One staff member said, "One person needs to be offered things I know they like, for example, one day there was faggots and mince which I knew she wouldn't eat, so I offered her ham and chips. Another person likes plain British food so I ask him what he would like and one lady doesn't like her food to touch and likes small portions so the chef is aware." One person's care plan detailed how their meal was to be presented on a tray with everything they needed, without the dessert which was to be offered later. The plan also showed the person was to be offered an apron to protect their clothes. The registered manager was aware of the importance of a healthy diet and had made changes so that in the afternoon people were offered cake and fruit.

If people started to lose weight, staff were aware of what action to take to minimise the risks. People were weighed and GPs were made aware. One person's GP received information about their weight on a monthly basis and fortified shakes were prescribed when necessary. Where necessary, staff completed food and fluid charts so they could monitor and take action if necessary to ensure people had enough to eat and drink.

People had access to healthcare professionals when needed, such as GPs, psychiatrists and dentists. A person confirmed "[Staff] get the doctor in for you." A visitor told us "Once I saw a man did not want to go to hospital and staff spoke kindly to him and explained the importance of the appointment." The registered manager knew about impact of urine infections on people's mental health and if people's behaviour was changing they tested their urine and took appropriate action.

Good

Is the service caring?

Our findings

People felt staff cared about them and we observed staff behaving in a caring way towards them. We heard a staff member expressing concern to one person, suggesting that they had a lie down as they were looking tired and had a cold. Another staff member noticed someone was not wearing their shoes and enquired as to why. The person responded that they could not get them on and accepted the staff member's offer to put the shoes on for them. One person liked to walk around the home with a soft toy and we heard staff speaking kindly to them, asking who they had with them today.

People felt staff treated them well. Comments included "I've been here years, I've loved every minute of it" and "So have I, this place is better than being at home." One person said "They take care of you, the boss asks 'how are you, is everything alright?'" They also said the registered manager was "concerned about people, she finds the time to see residents are alright. So does [the provider]." We heard the provider talking to people, asking how they were and helping a person who had a problem with a telephone.

A visitor told us "I see how the staff interact [with people], it is a very warm atmosphere, they are very caring and loving. I am impressed with the warmth and humanity." The visitor went on to say the people they visited had always said they were happy at the home.

We observed staff interacting with people in a positive and inclusive way, seeking their thoughts and views about every day matters. One staff member said "People remember things from a long time ago, they still know if they want sugar, they do it by taste. With their clothes, I never 'just dress' anyone, I open the wardrobe and ask what they'd like to wear today. I give a rundown of the weather forecast or guide their choices, for example, 'shall we take a cardigan?'"

People chose when they wanted to go to bed and get up. Some people chose to get ready for bed and then watch television until late at night. One person chose to sleep in the lounge in a chair and their decision to do this was supported by staff.

People felt staff "certainly" respected them. Comments included "Staff are smashing, there is nothing they won't do. I recommend them, they do everything for me, nothing is too much trouble", "They listen to you" and "Staff talk to you, say good morning."

Staff spoke about how they respected people's privacy and dignity when supporting them with personal care or moving around the home. One staff member said they asked people what support they would like. If people did not want to accept personal care at that time, staff would try again later, try a different approach or a different [staff member]. One example regarding people's mobility was that one person had variable mobility which meant staff assessed their needs each time and did not "just assume" the person would always need a stand aid. One person's care plan detailed a belief system they had and this was written in a sensitive way which ensured staff treated the person with respect.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person said "All [staff] speak [to you] very well, attend to you if anything is wrong, if they can't sort it, [the registered manager will]. People said staff helped them when they needed it. Comments included "I wasn't well at all [when I came here], the [staff] have got me right up" and "[Staff] know us through and through." A staff member made a point of saying that "Everyone is an individual" and this sentiment was seen in the way staff supported people and how the care plans were written.

Each person had a care plan which detailed their individual preferences and needs and was developed through an assessment process. The registered manager visited people to assess their needs to see if the staff team at White Lodge Rest Home could support them if they moved in. Assessments looked at people's mobility, mental and physical health needs and care needs. The registered manager took into account which room they had vacant and how people matched with people already living there.

The care planning system used graphs and risk ratings which enabled staff to see any changes at a glance when monitoring and reviewing care plans. As well as covering people's care needs, there was also a good level of knowledge around people's mental health needs and how their behaviour could change. An example was that one person's mood affected their mobility. There was detailed information which informed staff about what the person would do in different mood states. The registered manager accessed further support or funding for people when their assessed needs showed this would be beneficial. An example of this was contacting health and social care professionals to seek funding so staff could go out with people for several hours a week.

The provider and registered manager were aware of the impact the environment had on people. There were 23 people living at White Lodge which was registered for 28. The registered manager told us there were some double bedrooms which were being occupied by one person. This was because some people had moved into the home whose assessment indicated having their own room would be beneficial to their mental health. Some people smoked and the provider had recently upgraded the smoking area. An outside space had been adapted as a room, rather than shelter with walls, a roof and a number of tables and chairs. People who used the room were pleased with it.

People enjoyed a range of activities within the home and some went out to the shops. One person said "Singers come in, they are good." A board displayed what activities would be taking place during the week and included "Chairobics", bingo, quizzes, pamper sessions and karaoke. An organisation visited every six weeks which set up a shop in the home. Another organisation brought in a variety of animals including racoons, snakes and owls, which people enjoyed. Activities were discussed at the "resident's meetings" where people were asked what they would like to do and were asked for feedback after the event, to see how people had enjoyed it. Following negative feedback, an arts and craft session no longer took place.

The provider had a complaints procedure in place which detailed how people could complain and what they could expect to happen in response to their complaint. The procedure was displayed in a prominent

place so that people and visitors could see it. People told us they would say if they were not happy about something and would discuss with the registered manager. The service had not received any complaints since February 2015. Records showed that the complaint had been addressed to the person's satisfaction.

Good

Is the service well-led?

Our findings

People felt the service was well led and knew the registered manager and the provider, who was in the home most days. One person said "The manager, [person's name] you couldn't get better, she is brilliant, she cares. So does [person's name] [provider]."

Staff were happy with the way the service was managed and felt it was open, honest and transparent. One staff member said the registered manager and provider were "very approachable" and another said the provider was "one of the best bosses I've had, he is very approachable. Any problems, he's there 24/7" and that the registered manager was "the same, any issues, she's straight on it."

The culture of the home was positive and person centred and we observed good examples of this throughout the inspection. The atmosphere of the home was relaxed, with staff and people appearing comfortable with each other. One staff member said the home "Feels homely, felt like I put my slippers on. It is their [people's] home, it is treated as their home. Wonderful. We work as a complete team, it's a package. It is open here, there are no secrets, everything is discussed. Amy [the registered manager] will do an assessment [for a new person] and discuss, asks us 'what do you think?' We can air our views."

The registered manager was pro-active in ensuring they were aware of the quality of the service being provided. They did this by seeking the views of people and their representatives, by visiting the home in the evenings and weekends and by completing audits.

Audits were undertaken for a range of topics including care plans, infection control, falls analysis, people's personal money and incidents. Where issues were identified as needing improvement, the registered manager had an action plan in place which ensured the concerns were addressed. Through the audit system the registered manager had identified that the main carpets were highly patterned which meant some people living with dementia were confused by them, or tried to pick 'bits' up from the carpet. Replacement carpets were therefore planned in the future. The service had recently had an upgraded kitchen fitted which was needed to ensure it met with approval from the local authority who undertakes food hygiene inspections.

Questionnaires were available by the front door and kitchen which could be completed by people living at White Lodge Rest Home, visitors and professionals. The registered manager had also sent a questionnaire out to families. Results of the annual survey were positive. The registered manager held "resident's meetings" every six months. The minutes showed that topics covered food and drink, entertainment, laundry, views on staff and the opportunity to discuss and concerns or issues.