

Mr M J and Mrs C S Topping

# White Lodge

## Inspection report

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Date of inspection visit:  
26 October 2016

Date of publication:  
23 December 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

We carried out an unannounced inspection of the service on 26 October 2016. White Lodge provides accommodation for persons who require nursing or personal care for up to 27 people. On the day of our inspection 20 people were using the service.

There was a registered manager in place. 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 felt safe and were supported by staff who were trained in how to keep people safe. Risks to people's health and safety were managed. Plans were in place to identify and reduce the risk to people's safety. Care plans contained sufficient information to support staff to minimise the risks. There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

People were supported by staff who received appropriate induction, training, supervision and a yearly appraisal. Staff were supported by management. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

People were treated with kindness and compassion by the staff. People and their relatives reported positive and caring relationships were made with them and the people they cared for. Staff were respectful and spoke in a calm way. People were treated with dignity and respect by staff who understood the importance of this. Staff gave examples of how staff maintained people's dignity when providing assistance and respected people's privacy.

People received the care they needed. Staff were responsive to people's health needs. Care records were written in a person-centred way that focused on people's wishes and respected their views. Care plans provided information for staff so people could receive personalised care. A complaints process was in place, and people felt able to make a complaint and that staff would respond in a timely manner.

People were happy with the way the home was managed. The culture of the service was open and transparent. All staff felt the registered manager was approachable and listened to their views or concerns. People were encouraged to share their experience of the service and feedback on those experiences. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support 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.

People were safe living in the home. They were cared for by staff who had completed safeguarding training and were aware of signs of abuse and how to ensure people were safe from harm.

Risk assessments had been carried out and reviewed on a monthly basis.

There were sufficient staff who were trained to support people and necessary procedures were followed to ensure safe care practices were always used.

People received their medicines safely and correctly.

### Is the service effective?

Good ●

The service was effective.

People were cared for and supported by knowledgeable staff who assessed people's needs to ensure they received effective care.

Staff received an induction, supervision, a yearly appraisal and attended relevant training courses to develop their skills and knowledge.

The registered manager was following the requirements set out for the MCA and DoLS and acted legally in people's best interests if they did not have the mental capacity for particular decisions.

People were supported to have a balanced diet that promoted healthy eating and drinking.

People received relevant health services when their needs changed.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

Staff treated people with dignity and respect and interacted well with people to help to develop caring relationships with the people they cared for.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff responded to people's needs in a timely manner.

People were encouraged to follow their hobbies and interests.

People were encouraged to share their experiences and raise concerns if needed.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People were encouraged to be actively involved in the development of the service.

The registered manager was open and approachable.

The provider had a system to regularly assess and monitor the quality of service that people received.

# 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 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 26 October 2016 and was unannounced.

The inspection team consisted of 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.

We spoke with 11 people who used the service and three visitors. We also spoke with three care staff, one senior care staff member, one kitchen staff member, the registered manager and the provider's representative. We looked at records, which included four care files, four staff files and relevant management files.

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. We also reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted healthcare professionals and the commissioners of the service to obtain their views about the care provided in the home.

# Is the service safe?

## Our findings

People told us they felt safe living in the home. One person said, "I have no worries at all." Another person said, "Yes, I am safe and well looked after." Two relatives told us they felt their family members were in safe hands. We observed people interacting with staff safely.

Staff had good knowledge of how to keep people safe. They described how they should keep people safe and protected people from harm. Staff were able to describe and identify the signs of abuse and the action they would take to report and document any concerns. Staff told us and records confirmed they had received safeguarding training and their training was all up to date.

The registered manager told us all staff had access to safeguarding protocols and guidance to ensure staff were aware of how to report issues and concerns in relation to safeguarding. The provider's representative told us they were responsible along with the registered manager for reporting safeguarding concerns. They told us they had received one safeguarding issue where they had followed the relevant procedures to make sure people were kept safe. We saw the provider's safeguarding procedures had been followed and there was an audit trail to show the provider had reported to the local authority and CQC.

Risk assessments had been carried out and reviewed on a monthly basis. We looked at the care that had been planned for each person living in the home to help reduce these risks. Any interventions were recorded in the individual care plans along with action that had been undertaken if needed. For example, we saw risk assessments were in place to determine if a person required a bed rail to support them from falling out of bed. We saw equipment in place for the safe moving and handling of people with mobility problems. Where a person was at risk of poor skin integrity or at risk of dehydration there were appropriate risk assessments put in place. We saw pressure relieving equipment was provided, for example, a pressure cushion or mattress for people with poor skin integrity.

There was an emergency evacuation plan, but this was not personalised for individuals. The registered manager told us that on the advice of the fire officer they were in the process of updating the plan to a colour coded system to make sure each person would be evacuated safely. This showed there were plans in place to support people in an emergency.

People told us they felt there were sufficient staff to meet their needs. One person said, "There always seems to be staff about when you need them, not too many, but I would say enough." Staff we spoke with confirmed there were enough staff. One staff member told us that the staff team worked together to cover any shortfalls. Another staff member said that they felt the right skill mix was deployed across the home. We observed people's needs and requests were attended to in a timely manner as there were enough staff on duty. The manager had systems in place to ensure they had sufficient staff on duty. They told us the level of staff depended on people's dependency and this was reviewed and monitored on a regular basis.

People received their medicines safely. One person described how they were in charge of managing their pain and could ask for pain killers when they needed them. They said, "The manager will check to make sure

I have had sufficient time between doses to make sure it is safe." Another person said, "I know my medicines, but the nice manager always makes sure I get the right ones, I can forget and get muddled sometimes."

Staff told us they had attended training on how to administer medicines. One staff member said, "We are monitored on how we administer medicines to ensure we follow the correct procedures."

We observed the morning medication round and saw good practice in place for ensuring the staff member responsible for administering medicine was not disturbed. This helped to reduce the risk of errors. We saw appropriate checks and good practice was in place to ensure the medicine was for the person identified and that they took it in a safe way. Medication Administration Records (MAR) were completed for each person and identified how they preferred and liked their medicine to be taken.

We looked at the process for the ordering and storage of medicines and found they were in line with medication requirements. However we found although there was a thermometer to note the room temperature that the medicines were stored in there was no evidence to demonstrate the room temperature was being recorded. If medicines are not stored at the correct temperature they may become ineffective. There was a risk the room temperature could fluctuate and this would not be monitored correctly. We spoke with the registered manager and they told us they would address this.

## Is the service effective?

### Our findings

People told us their needs were properly met by knowledgeable staff. One person told us they were unable to do things for themselves and staff supported them with daily tasks, such as showering or getting dressed.

Staff told us and records we looked at showed that staff had attended relevant training courses to support them in their role to ensure people received effective care. One member of staff told us they had completed training in areas such as moving and handling which included how to use the hoist correctly. The registered manager told us they monitored staff development to ensure they acquired the skills and knowledge they needed to support people who lived in the home.

Staff records identified they had completed an induction, regular supervision and appraisals to ensure they were supported by the management. One staff member told us they found the induction process beneficial and felt supported as they had a named member of staff to shadow before they provided any care. This showed the provider had systems in place to ensure staff were fully skilled to carry out their responsibilities.

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. We checked whether the service was working within the principles of the MCA.

People gave their permission to staff before they were provided with any care or support. We saw care records contained appropriate written consent from people and their relatives for the care and support they received. Where people lacked capacity to make decisions for themselves, a mental capacity assessment had been completed and the best interest decision documented. We saw appropriate documents for people whose family had Lasting Power of Attorney. The service was following the Mental Capacity Act 2005 (MCA) and making sure that the people who may lack mental capacity in some areas were protected.

We found that, where relevant, people had Deprivation of Liberty Safeguards (DoLS) in place. This was also recorded on their care file.

Staff had an understanding of the requirements of the MCA, which is legislation to protect people who lack capacity to make certain decisions because of illness or disability. We found that, where relevant, people had "Do Not Attempt Cardio-Pulmonary Resuscitation" decisions (DNACPR) in place and where a person lacked capacity to make such a decision appropriate MCA assessments and best interest decisions were recorded.

We observed staff explaining to people what they were going to do before they provided care. Staff told us they checked with people prior to providing care to ensure they had given their consent and help gain their cooperation. Wherever possible they offered choices and tailored this to the needs of the individual. The registered manager said they felt confident that staff had a good understanding how the MCA impacted on



people living at the home and made sure people were given appropriate choices in how they lived their life.

People received plenty to eat and drink throughout the day. People made positive comments about the food they had to eat. One person said, "The food here is fantastic. Shepherd's Pie, fish, if you do not like what is on offer they bring you something else." Another person told us the food was good and said, "I get a nice breakfast." A third person told us they sometimes liked to have their meal in their room. They said, "Staff bring it up to me."

Staff told us people received good portions of food and that a varied menu was available over a four week period. We spoke with the cook who had systems in place to identify people's likes, dislikes and food allergies. They were able to tell us who was on supplements and puree diets. Menus were discussed with people to ensure they received a good balanced diet. We saw fresh food produce was used and a good selection of food in the food store. Fruit bowls were replenished and available when people wanted a snack.

We found people received a positive experience during lunchtime. We observed lunchtime and saw that people were being effectively supported. We saw staff were patient, supportive and encouraged people to be independent where appropriate. People were offered drinks and we saw staff followed good practice including sitting at the same level as the person they were supporting when assisting them to eat and chatting with people while they were supporting them.

People were supported to maintain good health and had access to healthcare services to support their health needs. From care plans we sampled we saw people's health needs were monitored on a regular basis. The registered manager told us they had a good working relationship with health care professionals for example occupational therapist, dieticians, speech therapist and dentists.

People's health needs were monitored and managed to ensure they received effective care. We looked at four care files and found preventive action was taken to ensure people were in good health. Staff told us they discussed people's health needs and any changes to these at each shift handover.

## Is the service caring?

### Our findings

People told us the staff were very caring and treated them with dignity and respect. One person said, "Staff are always very kind and ask me what I like to do." Another person said, "Staff are very approachable." A relative told us, "You can't fault them here. The staff are excellent."

Staff told us they encouraged people to develop caring relationships and we observed staff interacted well with people. We found staff to be warm, friendly, gentle and caring throughout the day. We observed a person becoming distressed as they tried to sit down. Two care staff came and offered the person assistance. Staff helped the person in a very dignified and gentle manner. The person was very distressed and the staff managed very skilfully to defuse the situation.

Staff told us how they communicated with people effectively by spending time with them and respecting people and not discriminating against them no matter of age, gender or sexual orientation. The registered manager told us that the staff team had a good relationship with people and their families. The registered manager told us staff always liaised with people, families and friends. People and their relatives confirmed they were kept up to date and care needs were discussed on a regular basis.

Care plans we sampled gave details of people's emotional and communication needs. The care was planned and centred on what people wanted and how they wanted to be cared for.

People who used the service had information available to advise them on what they could expect from the service. This included leaflets and information of other services available to people. For example information about independent advocacy services if a person felt that they required additional support. An advocate is an independent person who expresses a person's views and represents their interests.

People received care and support that respected their privacy and dignity. One person said, "I am always treated with the upmost respect at all times." Another person said, "I think we can be very private when we need to be. The staff are discreet when I need the toilet."

Staff described how they treated people with dignity and respect. One staff member said, "I give people freedom of choice and cover them up when providing personal care." Another staff member told us how they move people to their bedroom to provide personal care and make sure no one interrupts to ensure the person has privacy. The provider's representative told us people were encouraged to be as independent as possible and given wide choices in their day to day life. They said, "Keyworkers liaise with people and their families to make sure that anything a person wishes for or needs is readily available."

We observed staff being attentive to people. One person was asleep, but their head kept falling forward, so staff gently put a pillow on a table in front of the person so they could rest their head. When the person woke staff asked them if they wanted to go back to their room. We also observed the cook having a conversation with a person who became confused. The cook was patient and very understanding. The cook let the person help set up the dining tables at lunchtime by letting them wheel a trolley in and out of the dining room with the cutlery and plates on.

## Is the service responsive?

### Our findings

All people and their relatives we spoke with gave positive feedback on how responsive the staff were in meeting their needs. One person told us staff understood their needs and said, "My needs are discussed regularly. They [staff] know the condition I live with and react accordingly." Another person said, "It is my wish to get up early and I have the help and support I need." This meant the person's preference and choices were adhered to. A relative said, "My [relation] is never left wanting, they are always cared for and never rushed. We notice their clothes are neatly put away and they are always clean."

Staff had a good understanding of personalised care and how it impacted on people. One staff member said, "It's about reading what is in the person's care plan and putting this into practice." Another staff member described how they encouraged people to keep their independence. They talked about people going out in the community and also helping around the home. Staff told us and documentation we saw confirmed that staff recorded relevant information in the daily notes and completed monthly updates for people's changing needs.

People were supported to follow their interests and hobbies. We saw people participating in group and individual activities during our visit. One person had an interest in quizzes and we saw they was watching a quiz on TV at the time of our visit. Another person liked to paint. The care records we reviewed contained individual profiles for people and identified their likes and dislikes, things that were important to them and things they enjoyed doing. The provider's representative told us they had activities planned daily, but most weekends was when family and friends visited. They said they also invited external entertainers and arranged trips out for example a trip to the local pantomime.

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. People told us they knew who they should raise any issues of concern with. One relative told us they had no cause to complain, but would know who to speak to if they did. Another relative told us they do make complaints when needed. They said, "I go to the office and they sort it out." We found the service had a complaints procedure and complaints log to monitor concerns and complaints. We saw four complaints had been received. They had all been followed up and responded to in a timely manner. We saw lessons had been learned and improvements had been made. For example one person's oral hygiene had improved with equipment advised by the dentist.

## Is the service well-led?

### Our findings

People were happy with the way the home was managed. People were confident to speak to the manager and felt they were very approachable. One person said, "The cook is very nice, they [staff] all are, but they [the cook] is special." A relative said, "The staff are always respectful and helpful we have never had any concerns in how the home is run." Another relative said, "The staff know and understand my relation's needs well and are professional all the time."

People and their families were given the opportunity to voice their views on the service and to be involved in how the service was run. One person told us resident meetings were held every two months. Another person told us the meetings were set at regular intervals and said, "Anything could be discussed." We saw where issues had been raised action was taken to address these concerns.

We found people and their relatives had participated in completing quality assurance questionnaires. We saw comments from people and relatives who had completed these questionnaires. People were happy with the care provided. One person said the personal care was excellent.

Staff commented on the way the service was run. One staff member said, "We provide a good service. People are very well looked after and we are a good staff team." Another staff member said, "People get involved with the service for example we have identified people who like gardening and we are going to expand on our market garden to make sure people can get involved."

There was a registered manager in post and staff told us the manager was in the home every day and available to talk to staff, people and their relatives. Staff appeared to work together well as a team and had good relationships with each other. They said that the culture of the home was open and transparent. The providers were actively involved with the day to day running of the home.

Staff were aware of the provider's whistleblowing policy and procedure. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Staff told us they would not hesitate to use the policy if required to do so.

We saw the provider had systems in place to monitor the quality of the service. This included gathering, recording and evaluating information by completing monthly audits, such as, for medicines, bedrails safety, mattress pressure checks and medical alerts. The provider's representative and registered manager told us they also completed visual checks of the home and addressed areas of concern as and when required. The provider's representative supplied us with a plan of refurbishment. This showed us the provider was improving the environment and addressing issues from their visual checks completed. We saw copies of minutes from meetings that had taken place. These showed the meetings were informative and helped to keep staff up to date about people's needs, and what was happening in the home.

Incident and accident forms were completed and actions were identified and taken. We saw that safeguarding concerns were responded to and appropriate referrals were made. This showed there were

effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.