A R Omar

# Whyke Lodge Care Home

## Inspection report

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12 February 2019

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection on 11 and 12 February 2019.

Whyke Lodge Care Home is a care home without nursing for up to 23 people. On the day of our inspection there were 17 people living at the service. It specialises in care for older people some who are living with dementia.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

At the last inspection on 3 September 2016, the service was rated Good. At this inspection we found 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.

Why the service remains Good:

We met and spoke with most of the people living in Whyke Lodge during our visit, however, not all people were able to fully verbalise their views. We therefore spent time observing people with the staff supporting them. Some people could tell us in more detail about the care and support they received. Staff told how they used other methods of communication with people who could not verbally express their views, for example showing people pictures of food choices.

People remained safe at Whyke Lodge. People who were able to, told us they felt safe living there. Comments received included; "I do feel safe here, no problems." A relative said; "I come in every day but if I didn't I wouldn't worry at all." Professionals agreed people where safe.

People continued to receive their medicines safely from staff who had regular and updated training. People were protected by safe recruitment procedures. This helped to ensure only suitable staff were employed to work with vulnerable people. People, relatives, professionals and staff spoken with confirmed there were sufficient numbers of staff to keep people safe. Staff said they had sufficient time to meet people's needs and support them when needed.

People's risks were assessed, monitored and managed by staff to ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible.

People continued to receive care from a staff team that had the skills and knowledge required to effectively support them. Staff had completed safeguarding training. Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). The Care Certificate training looked at and discussed the Equality and Diversity and Human Rights policy of the company.

People continued to receive a caring service. People were observed to be treated with kindness and compassion by the staff who valued them. All staff demonstrated kindness for people through their conversations and interactions. Staff respected people's privacy. People or their representatives, were involved in decisions about the care and support people received.

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's wishes for their end of life were clearly documented. People's healthcare needs were monitored by the staff and people had regular access to healthcare professionals.

People's care and support was based on legislation and best practice guidelines, ensuring the best outcomes for people. People's legal rights were upheld and consent to care was sought. People who required assistance with their communication needs had these individually assessed and met. This meant people were able to communicate their choices about their day to day lives. The provider had a complaints policy in place and records showed all complaints had been investigated and all responses documented.

The service responded to people's individual needs and provided personalised care and support. People's equality and diversity was respected and people were supported in the way they wanted to be. Care plans were person centred and held full details on how people's needs were to be met, taking into account people's preferences and wishes. Information held included people's previous history including medical, jobs and family history. People's cultural, religious and spiritual needs were also documented.

The service continued to be well led. Clear leadership and governance was provided with the provider's governance framework, monitoring the management and leadership of the service. The provider's values and vision were embedded into the service, staff and culture. The provider had monitoring systems which enabled them to identify good practices and areas of improvement. People, relatives, staff and professionals said the registered manager and business manager were approachable and made themselves available to speak to people. The provider and the management team listened to feedback and reflected on how the service could be further improved.

People lived in a service which had been adapted to meet people's individual needs. The provider monitored the service to help ensure its ongoing quality and safety.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>This service remains Good | **Good** |
| **Is the service effective?**<br>This service remains Good | **Good** |
| **Is the service caring?**<br>This service remains Good | **Good** |
| **Is the service responsive?**<br>This service remains Good | **Good** |
| **Is the service well-led?**<br>This service remains Good | **Good** |

# Whyke Lodge Care 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 checked 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.

The inspection was undertaken by one adult social care inspector and an expert-by-experience on the 11 and 12 February 2019 and was unannounced on day one. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. 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. At our last inspection of the service in September 2016 we did not identify any concerns with the care provided to people.

During the inspection we met and spoke to most of the people who lived at the service. We spoke with four people in detail about their care. Some people were living with dementia which meant they had limited ability to communicate and tell us about their experience of being supported by the staff team. Staff used other methods of communication to support people, for example by providing visual prompts by showing people pictures of meals available at lunchtime. Others were able to tell us about the care and support they received. As some people were not able to comment specifically about their care experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living in the service.

We also looked around the premises. We spoke to the registered manager, business manager, six staff, three relatives and three professionals. We looked at records relating to individual's care and the running of the home. These included four care and support plans and records relating to medicine administration. We also looked at records of how the registered manager and provider ensured the quality monitoring of the service.

Good

# Is the service safe?

## Our findings

The service continued to provide safe care. People told us they felt safe with the staff who supported them. Some people who lived in the service were unable to fully express themselves due to living with dementia. People were observed to be comfortable and relaxed with the staff who supported them. One person said; "I do feel safe here, my things are safe" and another said; "Yes, I do feel safe here, no problems from other residents." Professionals spoken with also agreed people where safe living in Whyke Lodge.

People had sufficient numbers of staff around to keep them safe and ensure people's needs were met. People continued to be protected from abuse because staff understood what action they needed to take should they suspect someone was being abused, mistreated or neglected. Staff were confident the management would act, however staff knew how to contact the local authority safeguarding team should they have to make an alert themselves.

The PIR (Provider Information Record) states; "Action is taken to minimise any known risk. Audits are carried out to check for patterns and ensure that areas of risk are not missed. We liaise with appropriate services." During our inspection, we found risks were being well managed.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff covered Equality and Diversity and Human Rights training as part of this ongoing training. People had detailed care records in place to ensure staff knew how they wanted to be supported.

People continued to receive their medicines safely from staff who had completed medication training. Systems were in place to audit medicine practices and records were kept showing when medicines had been administered. People with prescribed medicines to be taken 'when required' (PRN), such as paracetamol, had records in place to provide information to guide staff in their appropriate administration.

People identified as being at risk had updated risk assessments in place. These showed relatives and professionals had been involved in completing them. Risk assessments identified those at risk of falls, skin damage or risk of choking. They recorded how staff could support people appropriately to help protect them. There was clear information on the level of risk and any action needed to keep people safe. Staff were knowledgeable about the care needs of people including their risks, and knew when people required extra support, for example if people became confused due to their dementia. This helped to ensure people were safe.

People's accidents and incidents were documented. People, when needed, had been referred to appropriate healthcare professionals for advice and support when there had been changes or deterioration in their health care needs. For example, a dementia support team.

People lived in an environment which the provider continued to assess to ensure it was safe and secure. The fire system was checked regularly and included weekly fire tests, and people had personal emergency

evacuation procedures in place. People were protected from the spread of infections. Staff understood what action to take to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

Good

# Is the service effective?

## Our findings

The service continued to provide effective care and support to people. Staff were competent in their roles and had a very good knowledge of the individuals they supported, which meant they could effectively meet their needs. One person said; "The staff do seem to have the proper skills and training as far as I can see, very good indeed."

People were supported by a staff team who received regular and updated training to meet their needs effectively. The registered manager had ensured all staff undertook training the provider had deemed as 'mandatory'. This included dementia care and fire safety. New staff employed competed the Care Certificate (a nationally recognised training course for staff new to care). This covered a range of topics including Equality and Diversity and Human Rights training. Staff completed an induction which also introduced them to the provider's ethos, policies and procedures. Staff were supported and received regular supervision, and team meetings were held. This kept them up to date with current good practice models and guidance for caring for people who may be living with dementia.

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records held details of the professionals involved in their care. People's health continued to be monitored to ensure they were seen by relevant healthcare professionals to meet their specific needs as required. Staff consulted with healthcare professionals when completing risk assessments. This enabled them to produce guidelines enabling staff to care effectively for people living with dementia.

People continued to be supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People identified at risk of future health problems through weight loss or choking had been referred to appropriate health care professionals. Advice sought was recorded and staff supported people with appropriate food choices. Meals were provided in a safe consistency and in accordance with people's needs and wishes. Care records recorded what food people disliked or enjoyed.

People were encouraged to remain healthy, for example people did activities that helped maintain a healthier lifestyle. For example, chair exercises.

People's care files showed how each person could communicate and how staff could effectively support them. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had completed training about the MCA and knew how to support people who lacked the capacity to make decisions for themselves. Staff encouraged and supported people to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Records

showed independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support people in this area. The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with meals. One person said; "The staff do seek my consent, they knock on my door before they enter my room."

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment meant people could access all areas of the service. People lived in a service that continued to be maintained to help ensure its safety.

Good

# Is the service caring?

## Our findings

Staff continued to provide a caring service to people.

People commented; "The staff are very caring and supportive of me" and "The staff are caring and do look after me very well." One relative said; "To my observation the staff do protect my wife's dignity, very caring indeed."

People continued to be supported by staff who were caring. We observed staff treated people with patience, kindness and understanding. People were seen chatting with staff. The conversations were positive and we heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. For example, we observed staff spending time and providing reassurance to one person who had become upset and distressed.

People told us their privacy and dignity was maintained and respected. Staff knocked on people's bedroom doors and asked them if they would like to be supported. We saw people could make choices about how they spent their time and were able to spend time in their rooms if they wished. Staff told us how they maintained people's privacy and dignity, in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence.

The management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with their policy on General Data Protection Regulations (GDPR). Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The management and staff said everyone would be treated as individuals, according to their needs.

People were encouraged to express their views when possible and be involved in any decisions about their care and support. Staff were seen communicating effectively with people. This helped to ensure people were involved in any discussions and decisions as much as possible.

People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis or more often if their care needs changed. Records showed that family members and professionals had been involved with people's care plan reviews.

Staff showed concern for people's wellbeing. People with deteriorating health were observed to be well cared for by staff with kindness and compassion, while maintaining their dignity. The care people received was clearly documented and detailed. People now needing additional support were seen to be comfortable, and receiving continued care and attention from the staff.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This included information from their brochure stating they; "Encourage and assist residents in maintaining a high quality of life, with respect for their individuality." This was evidenced through our conversations with

the staff team. People received their care from a regular staff team some who had worked at the service for many years. This consistency helped meet people's needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

Good

# Is the service responsive?

## Our findings

The service continued to be responsive to people.

People received support from a staff team who responded to and understood their individual needs. People had a pre-admission assessment completed before they were admitted to the service. The registered manager confirmed this enabled them to determine if they could meet and respond to people's individual needs.

People's care records were person-centred and held detailed information on how each person wanted their needs to be met in line with their wishes and preferences. They also held information on people's social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs. For example, any increases in people's dementia were identified and specialist advice was sought. Staff said they encouraged people to make choices as much as they could about how they wanted their support to be provided. Staff said some people were given verbal choices while others were shown visual clues to make choices from.

People received individual personalised care. People's communication needs were assessed and met and staff told us how they adapted their approach to ensure people received individualised support. Information was provided to people in a format suitable to meet their individual needs. For example, easy read and pictures of menus were shown to people daily to assist them to choose their meals. This showed they were looking at how the Accessible Information Standard would benefit the service and the people who lived in it. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The service had a culture which recognised equality and diversity amongst the people who lived in the service and the staff team. The management team assured us their own policies reflected this to ensure people were treated equally and fairly.

The provider had a complaints procedure displayed in the service for people and visitors to access. Where complaints had been made, documents held showed each had been fully investigated and responded to. The provider had acted to make sure changes were made if the investigations highlighted shortfalls in the service. People had advocates, for example family members, available to support them if required. This helped to ensure people who were unable to effectively communicate, had their voices heard. This information about making a complaint could be provided in a format of people's choice.

People's end of life wishes were documented to inform staff how each person wanted to be cared for at the end of their life, so people's wishes were respected.

People took part in a range of activities and said how much they enjoyed the activity arranged. External entertainers visited the service and staff also arranged everyday activities for people. One person said; "I do

participate in the activities, I like the music and singing when we have it here." A staff member said; "I am encouraged to take residents out to the Library or the Park and other places."

Good

# Is the service well-led?

## Our findings

The service continued to be well led.

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. People, staff, relatives and professionals all spoke highly of the registered manager and the business manager. They said how approachable the management team were. Comments included; "This home runs smoothly so it does seem well very run to me". Another said; "Can't speak highly enough of the management."

The registered manager provided clear leadership and governance; ensuring the service was overseen. The provider's governance framework helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place such as, accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required.

The registered manager and business manager, both who were in the service most days, were open and transparent and was very committed to the service and the staff, but mostly the people who lived there. They felt the recruitment process was an essential part of maintaining the culture of the service. People benefited from a provider and management team who worked with external agencies in an open and transparent way and there were positive relationships fostered.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were an opportunity to look at current practice. Staff spoke positively about working for the registered manager and at the service.

Staff spoke fondly of the people they cared for and stated they were happy in their work. Management monitored the culture, quality and safety of the service by visiting to speak with people and staff to make sure they were happy. Staff said; "The management are very supportive towards me" and "The home's values are to treat people with respect and dignity, as individuals in a safe and caring way."

People lived in a service which was continuously and positively adapting to changes in practice and legislation. The provider was fully aware of and had implemented the Care Quality Commission (CQC) changes to the Key Lines of Enquiry (KLOE). They had also looked at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with the Health and Social Care Act.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager, business manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. This included the displaying of their last rating.