White Lodge & St Helens

White Lodge & St Helens

Inspection report

15-17 Boscombe Spa Road
Bournemouth
Dorset
BH5 1AR
Tel: 01202 395822
Website: www.carehome.uk.com

Date of inspection visit: 21 and 22 April 2015
Date of publication: 03/07/2015

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

Overall summary

White Lodge & St Helens is registered to accommodate and provide personal care for up to 54 people. The home aims to meet the needs of older people, including those living with dementia. At the time of this inspection there were 48 people living at the home.

There was a registered manager at the home at the time of the inspection. 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 and associated Regulations about how the service is run.

This was an unannounced inspection carried out over two days on 21 and 22 April 2015.

We received consistently good feedback about the service from people and their family members. For example, one relative said, "We liked it the minute we

Summary of findings

walked in. Everyone was so friendly. It was clean and had a lovely atmosphere. We looked at other homes but we chose this one because we knew [my relative] would like it here".

People or their representatives felt that the home provided a safe service. The provider ensured people's rights were understood and protected when planning and delivering care and support, and staff had received training in safeguarding people and understood how to raise a concern.

New staff underwent an induction period that included training and shadowing experienced members of the care team. Staff told us they had effective training and supportive supervision. They said they felt confident and competent to safely support people.

People or their representatives had been included in planning how care and treatment was provided. The home ensured staff understood and acted in accordance with the Mental Capacity Act 2005 including the deprivation of liberty safeguards. This ensured that people were asked for their consent before staff provided care or support, and where people did not have mental capacity to consent to care or treatment the staff acted in their best interests.

People and relatives told us that staff were caring and respectful of people's privacy and dignity and throughout the inspection we observed staff supporting people in a relaxed and caring manner. Staff knew the people they were supporting well, they helped individuals to maintain their independence and make choices such as where they wanted to sit or what they wanted to drink. We saw people enjoying activities being run by the homes' activities co-ordinator. People were smiling and actively engaged in the activities.

The registered manager and staff were responsive and worked with health and social professionals to ensure people's needs were met. We spoke with healthcare professionals who were not concerned about the service. They said staff contacted them appropriately and always followed their guidance to make sure people stayed as healthy as possible.

The service was well led. Staff told us the manager was approachable and helpful. There was a good morale amongst the staff team. Staff told us they felt listened to and were encouraged to raise issues and make suggestions. We saw examples of where the provider had made improvements as a result of staff ideas. There were robust systems in place to ensure they knew they were offering a safe, effective, caring and responsive service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff had received safeguarding training and understood what to do if they were concerned or worried about somebody.

There were sufficient staff employed at the home to meet people's needs and new staff were safely recruited to ensure people were protected.

Overall, medicines were managed safely, stored securely and disposed of correctly.

The home had robust systems in place to ensure the environment was suitable and safely maintained.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training and felt well supported to undertake their roles. People were complimentary about the care staff, the food and the activities offered.

The home had a human rights based outlook which ensured they acted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff supported people to attend healthcare appointments and liaised with other health or social care professionals as required if they had concerns about a person's health.

Good

Is the service caring?
The service was caring.

People and their relatives told us they were supported by staff who were kind and caring. We observed staff had a caring, respectful approach where they offered choices and listened to what people said they needed or wanted.

Staff knew people well and understood their needs and preferences. They responded promptly when people needed help or support.

Good

Is the service responsive?
The service was responsive.

Records supported staff to know what they needed to do to help people, and staff told us that care plans and other records were easy to understand.

People told us that they knew how to raise a complaint, and that they felt confident that they would be listened to. Complaints were investigated and resolved in accordance with the policy.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People, relatives and staff told us the service was well led by an approachable and proactive manager.

There was an open, inclusive and learning environment that supported staff to make suggestions, raise concerns and learn and improve their practice.

There was good staff morale, and people and staff told us they felt listened to.

There were robust systems in place to ensure they knew they were offering a safe, effective, caring and responsive service.

White Lodge & St Helens

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 21 and 22 April 2015 and was unannounced.

Two inspectors and an expert by experience with expertise in dementia carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

There were 48 people living at White Lodge and St Helens and we talked with 18 people as part of the inspection to learn about their experience of living at the home. We also spoke with ten relatives. Some people were living with dementia so 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 who could not talk with us.

We also spoke with the registered manager, ten other members of staff and four visiting health care professionals.

We looked at four people's care and support records, as well as samples of ten other records where we looked at specific aspects of people's care or support. We also looked at documents relating to the overall management of the home which included staffing records, audits, meeting minutes, maintenance records and quality assurance records.

Before our inspection, we reviewed the information we held about the service. This included the information about incidents the provider had notified us of, and information sent to us by the local authority.

Good

Is the service safe?

Our findings

People told us they felt safe living at the care home. One person told us, "I feel very safe here. The girls are kind and take good care of me", and a relative said, "I know that [my family member] is safe when I leave here because the staff know her well and if there is any kind of problem staff let me know immediately".

The registered manager operated an open approach and there was a culture of learning from mistakes. The provider had safeguarding policies and procedures and staff knew how to raise a concern. The registered manager alerted the local authority to safeguarding concerns and had been open and honest about a recent safeguarding alert. The provider responded to whistle blowing appropriately and had a policy that supported this. Staff told us they felt able to raise concerns with the home and were confident these were acted upon. There was a system in place to ensure that learning from concerns was shared within the staff team to ensure the home safely cared for people. A relative told us, "When we leave we know that [my relative] will be safe because we have full confidence in the staff".

Staff had a proactive approach to respecting people's human rights and diversity. Care and support was provided that enabled choice and recognised people's rights. During the inspection we observed staff appropriately manage a situation that could have infringed one individual's human rights. Staff managed the situation in a positive way that protected the person's dignity and rights. They understood the situation that was causing distress and immediately sought advice and support from external agencies. Staff advocated on the person's behalf to ensure the instructions they received did not lead to restrictive practices that were not proportionate to the help the individual needed to keep them safe.

Medicines were stored securely and managed safely. There was a new electronic medication system in place and staff told us they felt confident that this was a safe system. We found one instance where a medicine had not been recorded accurately. There were systems in place that enabled them to investigate this immediately to ensure the staff member understood what they needed to do. Staff had received training and had been assessed for their competency in administering medicines. Some people had PRN (as needed) medicine to manage their pain and staff had plans in place to enable them to understand when people might require their PRN medicine. Where people had allergies, these were clearly recorded. There was a system of body maps in people's bedrooms to ensure people had prescribed creams applied at the correct frequency.

There were systems in place to reduce the risk of harm to people using the service. People's needs were assessed to ensure risks to their health were managed. For example, bed rail risk assessments had been completed to ensure that people would not be placed at risk by using this equipment. People had risk assessments in place for areas of risk such as falls, moving and handling, nutrition and pressure area care. A relative confirmed this saying, "Mum has had a few falls but that is because she still likes to get up out of her chair and walk. We feel that she wants to do it and it is important that she can move about even though it might be risky".

The premises, services and equipment well maintained. Staff used equipment correctly to keep people safe. There were robust systems in place to ensure a safe environment was provided that met people's needs and maintained their safety. Staff told us that day-to-day repairs were attended to promptly by maintenance staff. There were systems in place for checking and servicing equipment such as lifts, hoists, electrical items and wheelchairs.

There were arrangements in place to address a foreseeable emergency. Fire drills had been completed, including at night-time. Personal evacuation plans reflected everyone's individual needs to ensure the appropriate assistance would be given to each person in the event of an emergency. The home had an emergency contingency plan which outlined steps to be taken in the event that the home was unable to function.

The manager understood the importance of the monitoring of accidents and incidents within the home to detect trends or patterns of incidents or accidents. Records showed these were monitored regularly and actions taken to make sure people were cared for safely.

There was sufficient staff with the right mix of skills on duty to meet people's needs safely. The manager had a system to ensure they understood the level of support people required and matched this to the numbers of staff employed on each shift. Staff confirmed there was sufficient staff to ensure people were safely cared for.

Good

Is the service safe?

Safe recruitment practices were followed. This ensured that the staff employed were of good character and were physically and mentally fit to undertake their roles and to meet people's needs and keep them safe. New staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained. There was an induction process that supported new staff to understand their roles and responsibility.

Good

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to meet their needs. One person told us, "Staff are very good here. I use my Zimmer to get about and some days I need more help than others. I can get all the help I need". Relatives also told us they were very pleased with their family members care and support. Our observations within the home showed staff delivered support according to support plans and people looked happy and responded to staff in a way which showed they trusted them.

The provider made sure that the needs of people were met by staff that had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. People told us they were well supported by a caring and skilled staff team. Staff knew people well and used this knowledge when supporting people to move around the building or to meet their specific personal needs and preferences. For example, one individual became very upset and a member of staff who obviously knew the person well talked calmly and kindly with them which reduced their distress.

Staff received induction training to ensure they had the skills and confidence to carry out their role and responsibilities effectively so that people had their needs met and experienced a good quality of life. The provider had a proactive approach to staff members' learning and development. For example one staff member had undertaken training in moving and handling that enabled them to teach other members of the team and monitor their safe moving and handling practice. Staff told us they felt adequately trained to effectively support people. They described a range of training they had completed including safeguarding people, mental capacity, health and safety, medicines management and infection control.

The provider kept up to date with new research, guidance and developments and had links with organisations that promote and guide best practice. The manager told us how they used this to train staff and help drive improvement, for example transferring learning from end of life care to other areas of practice to promote person centred care. Supervisions were either individual or group basis and were used to develop and motivate staff and review their practice or behaviours. Group supervisions included topics such as clinical issues, practice updates and on-going practices within the home. The provider had also developed a new system of appraisals which they were starting at the time of the inspection.

Staff had a good working knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and put these into practice to ensure people's human and legal rights were respected.

Throughout the inspection staff consulted with people about what help or supported they wanted or needed. People told us they were asked for consent before care and support was provided. Where people lacked capacity to make specific decisions, records showed that decisions were made in their best interests and involved family, friends and health or social care professionals. We looked at one record of a best interest meeting which was held for a person in respect of their nutritional choices. This demonstrated the provider was acting in accordance with the principles of the Mental Capacity Act 2005.

The provider understood restraint and only used this where it was necessary, and then only as far as was absolutely necessary. The manager knew when and how to make applications to deprive someone of their liberty. They had systems in place to ensure they understood when an authorisation to deprive someone of their liberty needed to be reviewed. This showed staff understood that people's consent was required before they provided care to them, and that where people lacked mental capacity their rights were protected.

Where people had legally donated decision making powers such as though a power of attorney the provider understood what the powers were. Relatives who held a power of attorney confirmed the manager worked in partnership with them to ensure their family member was well cared for.

People experienced positive outcomes regarding their health. Staff knew their routine health needs and preferences and kept them under review. The provider engaged proactively with health and social care agencies and acted on their recommendations and guidance. One relative told us, "'[my relative] has access to the chiropodist, dentist and doctor whenever she needs them", and another said, "[my relative] had a serious chest infection that wouldn't clear up so they were taken in to hospital. They are fine now and we are pleased that the

Good

Is the service effective?

home reacted so quickly". We spoke with four health professionals including GPs and district nurses. They all told us that they had an effective working relationship with the home that ensured people's health care needs were met. One GP wrote to us and told us, "The staff seem to be caring and every time we go there they will be with us to tell us about patients and write down any instructions we might give for patients care".

People's needs were taken into account when the premises were adapted and decorated. The manager had worked with the local authority to implement actions from a dementia environment audit. Significant changes had been made to the environment to ensure people's independence was promoted as much as possible. For example through decoration, signage and other adaptations to ensure people remained as independent as possible

People were provided with suitable and nutritious food to meet their dietary needs. One person told us, "The food is very good, lots of it and very tasty and we can eat as much or as little as we like". Another individual said, "Mostly I enjoy the food on offer. There is usually a choice and there is always something on that I like to eat". Relatives we spoke with did not raise any concerns about the food. One commented, "[my relative] really enjoys the food here and that's very important to her". We observed breakfast and the mid-day meal. Meal times were relaxed and the dining room was bright and spacious. Staff discreetly supported and encouraged people where this was required. People told us they enjoyed the mealtime experience.

We spoke with the chef who had a good knowledge of people's likes and dislikes and particular diets or allergies. They told us they prepared meals with fresh ingredients wherever possible and offered a variety of alternatives to the menus if somebody wanted something different.

Staff protected people, especially those with complex needs, from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affected their health. One person had a swallow problem and there were guidelines for staff to make sure they understood how they needed to be supported, including using thickened fluids. However, on the day of the inspection we saw that this person had a jug of un-thickened blackcurrant juice in their bedroom. We drew this to the attention of the manager immediately. They investigated and discovered the jug had been placed there by a new member of staff. They developed a discreet safe swallow sign that they immediately placed in the individual's bedroom with their consent, and communicated the update and incident to staff to make sure the person was not placed at risk of choking.

Good

Is the service caring?

Our findings

People, relatives and staff told us that the home was very caring. One person said, "They look after me well and they take great care of me", and another individual commented, "The girls are so kind they get me anything I want and they are so caring". A relative told us their family member, "Has very good care here I can't fault it and I know that [my relative] is very happy. The carers always make time to talk with us".

Records confirmed that people received care and support from staff who understood their history, likes, preferences, and needs. Throughout the inspection we observed staff were supportive, caring and understanding of people's needs. They interacted in a sensitive way which people responded to. One person confirmed this, commenting, "'They look after me very well, everyone is so kind and they are always cheerful". It was evident from our discussions with staff that they knew people really well.

We saw staff demonstrating a caring and calming approach when they were supporting or chatting with people. One person who was upset because they were not sure what they were meant to be doing. The staff member took time to understand what was distressing the person and helped them to understand what they wanted to do. They talked with them about their family and explained when they would be visiting the person. We were confident from our observations, and from our discussions with staff that a caring and compassionate approach was embedded in the culture of the service.

People told us they were involved in planning how they wanted to be supported. People said they could choose what time they wanted to get up or go to bed, what they wanted to eat and how they wanted to spend their time. Care plans were person centred and reflected people's views and the views of their family. Staff involved people and followed people's directions on what support they wanted or needed. The manager also spoke with people regularly to ensure they were involved in changes to the service, including things they really liked and parts of the service they were not happy with.

Staff provided information and explanations to people to ensure they were able to make choices. During breakfast we saw that people chose where they wanted to sit and what they wanted to eat and drink. We observed people having their breakfast medicines. The care worker explained what the medicine was and checked people wanted to have it. They asked people whether they were experiencing pain and offered pain relief where people wanted this. There was a calm and supportive atmosphere throughout the breakfast period to ensure that people felt able to eat and drink what they wanted to. Staff checked people had enjoyed their meal and asked regularly whether there was anything else people wanted.

Staff had a good understanding of confidentiality, privacy and dignity and this was evident in our observations of their interactions with people during the inspection. Care plans were discreetly placed in people's wardrobes, ensuring that staff could easily understand how people needed to be supported whilst protecting their dignity and privacy. Other care records were stored confidentially but could be easily accessed by staff. The manager undertook dignity audits to ensure that they understood how people felt about the way they were being cared for and supported.

Staff communicated effectively with people, including those who had complex communication needs. Where people had communication difficulties it was evident that staff communicated in a way that enabled people to maintain their self-esteem and dignity. This was particularly evident during activity sessions where people were encouraged to take part, and had their wishes respected if they chose not to. One person had an advocate and the manager understood how to access an advocacy service if it was required.

Staff were attentive to people's needs. People were neatly dressed and had any aids they required to promote their independence such as glasses or walking aids.

One person's first language was not English and records and observations showed they were well supported. Their care plan described how staff should communicate with the individual and throughout the inspection we saw that staff understood the persons needs and wishes and that they had a good rapport which the person responded to well.

The provider was working towards the end of life gold standards framework and staff had a good understanding of people's end of life care needs and wishes to enable

Good

Is the service caring?

people to make decisions about their preferences for end of life care. This meant when people were nearing the end of their life they received compassionate and supportive care.

Good

Is the service responsive?

Our findings

People provided positive feedback about how staff met their needs.

People told us they were involved in ensuring their needs and preferences were known. One person told us, "The girls know me and how I like to be treated". We also spoke with a relative who said, "If anything ever changes the staff will ring me at let me know what is happening. They keep me informed and we discuss things openly". We found people received consistent, care, treatment and support that was person centred and responsive.

People's needs were assessed before they came to live at the care home. This ensured the manager knew they had the right skills to support them. Records showed that people were involved in their assessments; and care and support plans reflected people's needs, choices and preferences.

The provider had developed care planning systems that enabled staff to know and act on changes to people's needs. There were arrangements in place to make sure that changes to care plans were communicated. Staff used shift handovers to discuss and share how each person had been, including any changes or concerns about their wellbeing. This meant they were able to offer consistent care that reflected people's changing needs.

There were clear systems and processes for referring people to external services. We saw examples of referrals to community mental health and social care professionals, and other services such as the optician or dentist.

People were protected from the risks of social isolation and loneliness and the provider recognised the importance of social contact and companionship. People were enabled to carry out person-centred activities within the home and in the community, and were encouraged to maintain their hobbies and interests. One person said, "If I ask the girls will take me out to the shops when they are able to. I enjoy shopping". We saw people going out independently and with staff to the local town to shop, visit the bank or meet with friends, and staff told us about a varied activities programme which included art/craft sessions, singing, exercise and relaxation programmes and current affairs.

We observed activities that were inclusive and catered for peoples differing abilities. These included individual activities for people who preferred to stay in their room, or who found group sessions more difficult. People were enjoying themselves and we received a number of positive comments including, "I love the singing it's so much fun", and "Lots of things to do if you want to", and "Always something to do if you want to".

There was a range of ways for people to feed back their experience of the care they received and raise any issues or concerns they may have. All the people we spoke with knew how to make a complaint. One person said, "This is a nice place to be. I've not been worried about anything but I do know how to complain. The girls are always asking me if everything is alright". Another individual we spoke with told us, "I feel safe here. I've never had any need to complain about anything but if I ever needed to I know that I would be listened to".

Concerns and complaints were taken seriously, explored thoroughly and responded to in good time. A relative commented, "We have had a few minor issues but they were sorted very quickly". People and their relatives were encouraged to raise concerns or complaints in a variety of formats including in person, by telephone and by email, or in writing. The manager told us the service had not received any complaints in 2015 although we could see they had received a number of compliments. We reviewed the complaints in 2014 and saw these had been investigated and resolved in accordance with the provider's complaints policy.

Good

Is the service well-led?

Our findings

People, relatives and staff told us the service was well led with a proactive and approachable manager.

People told us they knew the manager and said that they liked her. Relatives expressed confidence in the manager, commenting on an approachable and responsive style of management.

Residents' and relatives meetings enabled the manager to keep people up to date with what was going on in the service and gave people an opportunity to comment, express any concerns and ask questions. The manager also showed us quality assurance audits they had completed with individuals and relatives that had led to improvements.

Staff and people told us that the manager had an open door policy, and was approachable and supportive. Our discussions with the manager showed they led by example and had a very visible presence within the home.

During the inspection, our observations and feedback from people and staff demonstrated the service had a positive culture that was person centred, open and inclusive. There was a culture of dignity and respect. People were listened to and staff took a real interest in what they were doing and what plans they had for the day.

Staff were able to describe their role, and were motivated and happy in their work. Staff told us they felt involved in service development and that their suggestions were listened to. There were a variety of methods to ensure staff were kept up to date and listened to including daily handovers and formal staff meetings. Staff told us they could report concerns about the care people received and were confident that any concerns they had would be acted upon by the manager.

Quality assurance arrangements were robust and the need to provide a quality service was understood by all staff. The manager undertook quality assurance audits either individually with people or as part of larger resident meetings. They also undertook dignity audits to help them understand people's experiences of dignity and privacy within the home. They completed spot check visits including at night-time to assure them that people were receiving a good and safe service. The provider had also recently purchased a new call bell auditing system to enable the manager to check how long people waited for assistance. There was a programme of audits that were completed on a monthly basis including the safe use of medicines, the kitchen, accidents and incidents, fire safety. Other periodic audits included training, complaints and infection control.

The manager had plans in place for improvement of the service and we could see these were being acted upon. For example, an environmental audit had identified a number of areas of improvement. In response we saw that the premises had been personalised to promote people's independence, for example by the use of pictures on bedroom doors to help people orientate themselves. The provider had also invested in directional signage throughout the home to orientate people to communal areas and the bathrooms and toilets.

Care records were completed on a daily basis and provided an accurate record of the care and support people had received. These were audited by the management team to ensure people's records were accurate and up to date.

The provider worked in partnership with key organisations such as GP's, dentists, district nurses, specialist nurses and dieticians to support care provision, service development and joined-up care.

Legal obligations, including requirements relating to their registration with CQC, and those placed on them by other external organisations were understood and met.