

# SHC Rapkyns Group Limited

## White Lodge

### Inspection report

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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	

### Overall summary

We visited White Lodge on July 2015. The inspection was unannounced. This was the first inspection of the service with this provider.

The service provides residential care and support for up to eight adults with a learning disability or learning spectrum disorder. At the time of our inspection seven people were using the service.

The service had a registered manager. 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 at the service felt safe. Staff understood their personal responsibilities to report abuse and had completed relevant training. People's needs were supported with appropriate risk assessments. There were sufficient numbers of staff to meet people's needs and safe recruitment procedures were followed. Medicines were managed safely.

# Summary of findings

People were supported by staff with the knowledge and skills they required to carry out their role. Mental capacity assessments were completed to establish each person's capacity to make decisions. Where it was necessary to deprive people of their liberty to deliver care and support the service had applied for authorisations under the Deprivation of Liberty Safeguards. People consented to care and support. People were supported to have a healthy diet and to maintain good health.

People and relatives commented positively about staff. People and their representatives were supported to express their views and were involved in making decisions about care and treatment. Staff respected people's privacy and dignity.

People received personalised care. Care plans were person centred and covered a range of social and healthcare needs. Care plans and associated risk assessments reflected people's needs, goals and preferences. People were encouraged to take part in activities to enhance their lives and reduce the risks of social isolation and loneliness. The service sought, listened and learned from feedback.

Staff spoke positively about the management team who had an open door policy if people, visitors or staff wanted to speak with them. The service had formal and informal systems of audits and reviews to monitor and assess the quality of service they provided.

# 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. People felt safe. Staff knew how to recognise and report abuse and had completed safeguarding training. There were sufficient staff to meet people's needs. Medicines were managed safely.

Good



### Is the service effective?

The service was effective. Staff had the knowledge and skills they required to carry out their role. People's capacity to make decisions was assessed. People consented to care and support. People were supported with their health and well-being.

Good



### Is the service caring?

The service was caring. People and relatives commented positively about staff. Staff were aware of people's needs and preferences and supported them to express their views. Staff respected people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive. People received personalised care. Person centred care plans and risk assessments reflected people's needs, goals and preferences. People were encouraged to take part in activities. The service sought, listened and learned from feedback.

Good



### Is the service well-led?

The service was well-led. Staff spoke positively about management. There were appropriate processes to provide feedback and a system of audits and reviews to assess and monitor service provision.

Good



# 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 31 July 2015 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service and spoke with a social care professional. During the inspection we spoke with three people using the service and five members of staff (including the manager and area manager). We periodically observed people during the inspection. We looked at records about people's care and support which included three care files. We reviewed records about people using the service, staff and the carrying on of the regulated activity. We also spoke with four close relatives of people using the service.

# Is the service safe?

## Our findings

We found that the service was safe. One person using the service told us, “I like it here.” Another person said, “It’s okay.” One relative told us, “It’s very reassuring for us that she is well looked after.” Another relative said, “[My relative] is always happy to return to the home.” A relative said, “It seems very good. It’s an improvement on other places [my relative] has been in. I have no complaints.” A member of staff said, “The residents are safe and happy.”

Members of staff understood their personal responsibilities in relation to safeguarding vulnerable adults and understood how to recognise and report potential abuse. Staff told us the manager was approachable and felt confident that any concern they raised would be dealt with appropriately. Staff told us they received regular training including safeguarding. This was confirmed in staff records. Between shifts there was a handover from staff finishing their shift to staff starting theirs. The handover detailed the health and behaviour of each person using the service and any incidents of note.

The service provided a safe environment for people, visitors and staff. The building and grounds were well maintained. The front of the building was for car parking. At the rear was a large garden. The interior was clean, tidy and well maintained. The manager explained areas they had identified for continuing improvement. Regular maintenance was carried out by a maintenance person whose services were shared with two similar sized homes. The London Fire Brigade inspected the service in February 2015 and found they were complying with fire safety requirements.

We saw risk assessments had been completed as part of people’s care and support plans. They reflected people’s needs and preferences and supported staff to keep people safe and deliver effective care. Risk assessments included positive risks that were deemed appropriate and acceptable to promote and support people’s development and independence. Risk assessments were reviewed monthly with the care plans or in response to any incidents or changes in people’s needs. We were told of one example where risk assessments were changed at short notice in response to one person’s health issues. We found that staff were knowledgeable about people’s needs, preferences and associated risk assessments. They were aware of

individual signs of deteriorating behaviour and health. Examples of assessed risks relevant to most people using the service included response to fire alarms, behaviour and accessing the community.

There were sufficient numbers of staff to meet people’s needs. Relatives and staff we spoke with had no concerns about staffing levels. Three members of staff covered the early shifts and late shifts. There were two members of staff for the night shift with one scheduled as ‘sleeping.’ At the time of our inspection there were seven people using the service. The service was able to accommodate planned absences for leave and training through the staff rota. Short notice absences such as sickness absence was covered by permanent or bank staff. The service did not use agency staff. There was a contingency for extreme staff shortages to arrange bank staff through head office.

We looked at staff records and found there were recruitment procedures that ensured only suitable staff were employed. Recruitment records contained a job description, application with an employment history and an interview process. We saw there were identification documents and references. Each member of staff had been checked to an enhanced level with the Disclosure and Barring Service that showed they were suitable to be employed in a social care environment.

We found medicines were managed safely. We looked at how medicines were stored and records of medicines. We found medicines were stored securely and appropriately. Medicines records were correctly recorded. We examined medicine administration records (MARs) for people using the service. Each record was preceded with a front sheet with the name of the person, a photograph, allergies, name of the GP and a summary of the medicines (name, dosage, type and maximum dosage). Pro re nata medicines, commonly known as PRN or ‘as needed medicines, included information about how to recognise when they should be administered and guidance about when to contact the GP. The MARs were up to date and had been completed correctly. Controlled drugs were also correctly recorded and each administration of controlled drugs was signed and countersigned by two members of staff. Medicines were only administered by staff who had completed training and were assessed as competent to do so.

# Is the service effective?

## Our findings

We found people received effective care. One relative said, “The home is run incredibly well and staff are very kind and professional.” Another relative told us, “I’m always impressed with the standard of care. They seem to be good at their jobs.” A member of staff told us “They provide a lot of training.” Another said, “There’s lots and lots of training.” One other member of staff said, “I had five days induction – I was so impressed.”

People were supported by staff with the knowledge and skills they required to carry out their role. Staff told us new employees completed a detailed induction course that lasted five days. The induction was provided by the provider’s training unit. We were provided with an outline of the curriculum which showed the induction took into account the learning outcomes, competences and standards of care as part of the Care Certificate.

We saw provider training for staff was recorded on a matrix. The matrix showed what training had been completed and planned training dates. In addition to the provider’s training programme the service benefited from additional training by the local authority and St Christopher’s Hospice. The service used external training to improve how the service met the needs of people. Three members of staff had completed autism training and three had started palliative care training. We were satisfied that staff were receiving appropriate training that supported them to carry out their role.

Further support for staff came in the form of regular supervision sessions with a supervisor and an annual appraisal. We were shown the timetable of supervision sessions for staff who confirmed that regular supervision took place. We saw that staff who were in the probationary period had supervision sessions every month whilst established staff had supervision sessions once a quarter. The supervision sessions allowed staff and the supervisor to discuss service issues, performance and development. There was also a discussion about key clients. We saw staff had a range of qualifications including National Vocational Qualifications (NVQ) Levels 2 and 3 in Health and Social Care. Those members of staff without these qualifications were encouraged to take them by the provider. The service had two members of staff taking the Qualifications and Credit Framework (QCF) Level 2 and one taking Level 3 (QCF replaced NVQ).

The service had policies and procedures for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS provided a legal framework to protect people who were not able to consent to care and support. It ensured that people were not subject to unlawful restrictions of their liberty. The manager and staff understood MCA and DoLS and had recently completed relevant training. Some people using the service were assessed by the service as not having capacity to make specific decisions. We saw evidence of best interest meetings involving health professionals, relatives and staff. At the time of the inspection the service had one DoLS authorisation in place and had made four other applications. We also found examples of people’s consent to care and support in care plans. Where required, the service obtained the services of an independent mental capacity advocate to support people to express their views around issues of capacity and consent.

We found people had sufficient food to eat and liquids to drink. One person using the service said, “The food is okay.” Another said, “I like it.” One relative told us, “The food is excellently presented.” People were provided with a balanced diet and where necessary specific dietary needs were met. Hot and cold drinks were available at all times. We saw people were asked to comment about the food in their meetings. People’s nutritional needs were addressed in care plans and risk assessments. For example, one person had been referred to the Speech and Language Therapists and was on a soft food diet. One person’s weight was being monitored for weight gain. Staff were asked to encourage them to eat more fresh fruit when their weight began to rise. We saw people’s eating preferences were recorded and accommodated.

People were supported with their healthcare needs. People were registered with a local GP and were supported with appointments for a range of healthcare professionals such as the dentist, optician and chiropodist. Each person had an annual health check with the GP. We saw visits by healthcare professionals were recorded. People had Health Action Plans in their care records and where the majority of information about their healthcare was recorded.

People were weighed once a month and changes monitored. Patterns of weight gain or loss were monitored and where appropriate referred to the GP or other healthcare body. Each person had a ‘hospital passport’ that accompanied them to hospital or other healthcare

## Is the service effective?

appointments. The passports provided external healthcare bodies with up to date information about people's needs, medical history and how they liked to be treated so that appropriate care and treatment could be provided.

# Is the service caring?

## Our findings

Care was delivered by staff in a patient and friendly manner. One person told us, “I like it here.” A relative told us, “Very, very good, [my relative] is very comfortable.” Another relative said, “Yes, everything was good, it looks lovely, the staff are friendly.” We observed and listened to interactions between people and staff throughout the inspection. Interactions were warm and friendly and on equal terms. Everybody used first names to address each other. Most people had been at the service for a long time and they all knew each other well.

People and staff communicated well with each other and included some laughing and joking. It was evident from conversations and non-verbal communications that people were comfortable with staff and responded positively to them. The service operated a keyworker system where a member of staff was given key responsibilities for one of the people using the service. They worked more closely together and the staff member would support them by taking them shopping for personal items and engage in one-to-one activities. Staff provided regular feedback about key clients to supervisors.

People and their relatives were supported by the service to express their views and to be involved in their care. We saw

in care plans and risk assessments that people and relatives were involved in planning care and subsequent reviews and changes. One relative told us, “They have asked me to come in for reviews.” Relatives told us that they were contacted by staff whenever there were any accidents, incidents or changes in health. People’s preferences and choices were recorded and staff knew what they were when delivering care and support.

We saw staff respected people’s privacy and dignity. Personal care took place in private away from other people. We saw reference to people’s privacy and dignity in care plans. Simple activities demonstrated how staff respected privacy and dignity. For example, knocking on people’s doors before going into their rooms, asking people to do things or explaining what they needed to do. People were encouraged to maintain what independence they could. For example, some people needed encouragement to complete some daily living tasks such as brushing their teeth properly. The service also encouraged people to maintain contact with people who were important to them. One relative told us, “[My relative] comes home every second weekend, they bring him over to me. I would not see them so often if they did not do so.” Relatives were welcome to visit at any reasonable time.



# Is the service responsive?

## Our findings

People received care that was responsive to their needs. Staff were knowledgeable about the needs of people they supported. When we looked at care records we saw they were person centred and identified the needs, goals and preferences of individuals and how staff were to deliver safe and effective care.

People's needs were assessed and recorded in individual care plans covering areas such as health, mental wellbeing, challenging behaviour, communication and nutrition. There was also a care plan that detailed people's likes and dislikes. It was made clear in the care plan that each person needed staff to be aware of their likes and dislikes and needed their support to make choices. We found that staff were aware of people's preferences and interests which meant they were able to provide personalised care and support. Care plans and risk assessments were reviewed every month or in response to changes in people's needs. We saw two examples where the service had responded to and addressed changes in people's needs.

We found people took part in a range of activities. Activities helped people to enhance their quality of life and reduced the risks of social isolation and loneliness. Some activities were as simple as listening to music or watching a TV programme or communicating with other people using the service and staff. There were planned activities. People using the service attended three different day centres on various days of the week. There were various trips out for shopping and day trips. Other activities to meet the preferences of individuals also took place such as trips to the cinema and venues putting on live performances.

The provider had systems to obtain feedback from people using the service and their relatives about the quality of the service they provided. One relative told us, "They had an open day last month. I have no cause for concern, the manager seems very pleasant." The manager told us, "I enjoy getting feedback at all levels and encourage the use of surveys and questionnaires as well as informal evenings such as cheese and wine, summer barbecues, Christmas parties, where I am able to get feedback and information from both [the people using the service] and their relatives about the care they receive."

People using the service had regular meetings. Written documents that provide information for people were written using widget symbols so that everybody could understand them. For example, the provider's policy about abuse and records of meetings were written using the widget symbols. People were encouraged by the manager to bring suggestions to meetings. We looked at the minutes of the most recent meeting and saw they contained discussions with people about welfare, likes and dislikes, summer trips and food and drinks. We saw people and relatives were sent surveys every month by the provider to obtain feedback about the service. We looked at the complaints recorded by the service. The provider had a complaints policy whereby complaints were responded to and resolved in a timely manner. We had been contacted by a complainant and checked the service's records. The complaint had been dealt with appropriately and addressed the matters raised within reasonable time frames. Information and feedback from people using the service and relatives were reviewed by the manager and at provider level to identify any areas that could be improved.

# Is the service well-led?

## Our findings

The manager was appropriately qualified and registered with CQC. One person told us, “I like her, I like the staff.” A relative said, “The manager is marvellous, I can talk to her.” A member of staff said, “The manager is approachable, I’m comfortable speaking with the manager and the area manager.” Another said, “We do have staff meetings and they listen to what you have to say. We really do work as a team.” The manager told us, “I operate an open door policy, this enable both relatives and staff to air their views about any worries or concerns they may have about their relative’s care.”

We found the manager was readily visible around the service. Staff were confident that not only could they approach the manager with concerns or ideas but they would also be listened to and treated appropriately. We also noted that the manager regularly spoke to staff about the duty of candour that was a regulatory requirement for providers to be open and transparent about care and treatment. The provider had introduced a policy for duty of candour and staff had received relevant training.

There were regular staff meetings to discuss service issues and changes in policies, procedures and legislation. The minutes of these meetings were recorded. We looked at the most recent meeting that took place in the week before our inspection. In the meeting the manager reinforced the fact that she had an open door policy for staff which staff acknowledged and said they found very helpful.

The provider ensured there was a system of audits and reviews to monitor and assess the quality of service provision. The manager carried out regular checks and reviews in relation to the day to day delivery of care and support such as reviewing records. Where any issues were identified the manager acted promptly to address them. Any accidents or incidents were appropriately recorded, reported, reviewed and acted on where necessary. The area manager visited the service once a month specifically to carry out a service audit to ensure: people received safe and appropriate care and support; people were involved in their care; and the service showed continuous improvement and learnt from incidents, errors and near misses. In addition, there were annual audits that comprised an internal by the provider’s quality assurance department, an audit by an external auditor and a specific health and safety audit by an external auditor.