Countrywide Care Homes (2) Limited

White Rose 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

Summary of findings

Overall summary

This inspection took place on 28 June 2016 and was unannounced. We previously visited the service on 6 February 2015 and we found the registered provider had met the regulations we assessed during that inspection.

White Rose Lodge is registered to provide accommodation and personal care for up to 38 older people, some of whom may be living with dementia. On the day of this inspection there were 30 people using the service. The service has various seating areas and people can choose to spend the day in one of the communal areas or in their own room. The service is located on the sea front in the seaside town of Bridlington in East Yorkshire and is close to town centre facilities. The service has its own grounds and parking area.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). '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.'

Overall we found the premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. However, we found that some of the portable appliances at the service had not been tested in line with the registered provider's policy and the annual gas safety check for the kitchen was last completed on 24 June 2015 which meant it was overdue by four days at the time of this inspection. We have made a recommendation about the timely servicing of appliances and systems in the report.

People told us they felt safe living at the service. People were protected from the risks of harm or abuse because there were effective systems in place to manage any safeguarding concerns. The registered manager and care staff understood their responsibilities in respect of protecting people from the risk of harm.

Staffing numbers were sufficient to meet people's need and we saw that duty rotas accurately reflected this. Recruitment policies, procedures and practices were followed to ensure staff were suitable to care for and support vulnerable people. The management of medication was safely carried out.

People were cared for and supported by qualified and competent staff that were regularly supervised. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected. People's nutritional needs had been assessed and people told us they were very happy with the food provided. We observed people's individual food and drink requirements were met.

We observed assessed people received compassionate care from kind and considerate staff and that staff

knew about people's needs and preferences. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were asked for their consent before staff undertook care and support tasks. People told us that staff listened to them, respected their decisions and treated them with dignity and respect.

Care plans were person centred, reviewed and updated regularly and information was effectively communicated to enable staff to provide person centred care responsive to people's needs. People had the opportunity to engage in a variety of pastimes and activities if they wished to do so.

Overall, care staff and people who lived at the service told us the service was well managed. People told us they would not hesitate to express concerns or make a complaint, and they were confident their concerns would be listened to and acted on. There was a process in place to manage complaints that were received by the service. In addition to this, there were systems in place to seek feedback from people who lived at the service, relatives and staff.

Quality audits were undertaken of the systems within the service to help make sure people's needs were safely met.

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 protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury and harm.

Overall the premises were safely maintained. However, we found that some portable appliance testing and a gas safety check had not been completed in line with the registered provider's policy. We have made a recommendation about this in the report.

Staffing numbers were sufficient to meet people's need and recruitment practices were carefully followed. People's medication was safely managed.

Is the service effective?

Good

The service was effective.

Consent to care and treatment was sought in line with relevant legislation and guidance on best practice.

People were supported to eat and drink enough and to access healthcare services where needed.

Training was provided to equip staff with the knowledge and skills needed to carry out their roles effectively.

Is the service caring?

Good

The service was caring.

People told us their privacy and dignity was respected and we saw evidence of this on the day of the inspection.

People who lived at the service told us that staff were caring and we observed positive relationships between people who lived at the service and staff.

People's individual care and support needs were understood by

staff, and people were encouraged to be as independent as possible, with support from staff.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and person centred care plans developed to guide staff in how best to support people who used the service.

People were supported according to their person-centred care plans, which we saw were regularly reviewed. They had the opportunity to engage in a variety of pastimes and activities if they wished to do so.

People we spoke with told us they felt able to make comments or raise concerns if needed. There were systems in place for the registered provider to gather feedback and learn from people's experiences.

Is the service well-led?

Good

The service was well-led.

There was a manager in post who was registered with the Care Quality Commission (CQC), and people told us the service was well- managed.

There were sufficient opportunities for people who lived at the service and staff to express their views about the quality of the service provided.

Quality audits were being carried out to monitor that safe and effective care was being provided.

White Rose 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.

The inspection took place on 28 June 2016 and was unannounced. The inspection team consisted of one adult social care (ASC) inspector.

Before this inspection we reviewed the information we held about the service, such as information we had received from the local authorities who commissioned a service from the registered provider and notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The registered provider was asked to submit a provider information return (PIR) before this inspection and they returned it to CQC within the required timescales. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with four people who used the service, two visitors, and four members of staff, the registered manager and the quality manager. We looked at records and documentation relating the running of the service; including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at the care files for three people who used the service, recruitment and training records for four members of staff, equipment maintenance records and records held in respect of safeguarding, complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas as well as people's bedrooms, after asking people's permission to do so.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at White Rose Lodge. They told us, "Yes, [I feel safe]," "Yes, it's not bad" and, "Yes, my treatment is fine. I sleep on a night with the door open and nobody touches anything." When we asked visitors if they felt their friend/family member was safe at the service they told us, "Yes it's safe. You have to sign in and there is a code to get in" and, "We are quite impressed really. [Name] is a tall person and a little unsteady on their feet and there is always a carer to help and they don't expect us to do it."

We asked staff how they kept people safe and their comments included, "When we use a hoist you have two people using it and I would only ever use a hoist if there were two of us. Recently I was out with a person and they needed to use the bathroom. I made sure the brakes were on their wheelchair and the footplates were up before helping them out of the chair."

People's mobility needs were individually assessed and equipment provided to meet their needs, this included walking sticks, zimmer frames, standing aids and mobile hoists. People's care files included moving and handling assessments and risk assessments of their mobility and these contained any equipment they required to support them with this safely. For example, we saw one person's risk assessment recorded, 'Uses a walking stick.' We saw this had been updated recently to include, 'Now uses a zimmer frame.' We saw that all of the 42 staff that worked at the service had received practical training in the lifting and handling of people and we saw the training certificates to confirm this. One member of staff told us, "Moving and handling is spot on and people have their own personal slings in their rooms. There are always two people when hoisting and there is enough equipment for us to use as there is only one person that requires the hoist at the moment" and another said, "I have done practical moving and handling recently with [Name of manager] and if I saw any unsafe moving and handling practices I would say something." Our observations of people receiving support with moving and handling during this inspection noted that this was done safely.

We saw a 'Resident at risk' report that was completed monthly. This included significant information and actions taken in relation to risks to people that included pressure care, unintentional weight loss, serious changes in health, infection and safeguarding. For example, we saw one person had pressure damage to an area of their skin that was identified upon admission. We saw a corresponding wound assessment in place from the community nursing staff who were visiting regularly to provide support. We spoke to the person who told us, "The district nurses come three times each week. I have a profiling bed and the pressure sore is nearly healed up." These measures meant that people were kept safe from the potential risks of harm.

The registered provider had a safeguarding vulnerable adult's policy and procedure in place and staff received training which included safeguarding adults. Staff we spoke with described the signs and symptoms that may indicate someone was being abused and appropriately told us what action they would take if they had any concerns. They told us, "I have done safeguarding training. People that are here are vulnerable and if they said anything to me I would always take it seriously," "Our safeguarding training is done on-line and maybe would be better if it was done practically and more hands on," "If I thought people

were not speaking to people properly or not caring for them right I would report it to the senior, my manager or the Care Quality Commission (CQC)" and, "It could be if people are not getting enough to drink, getting told to shut up or if someone doesn't like someone. I would have to stop it and we have all the numbers upstairs to use, they are in the staff room."

We checked the safeguarding records held at the service and saw that when safeguarding concerns had been identified, the safeguarding 'threshold' tool provided by the local authority had been used to identify whether the issue needed to be managed 'in house' or whether an alert needed to be submitted to the local authority safeguarding adults' team. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

We saw that any accidents or incidents involving people who lived at the service were recorded. These included information in relation to the type of accident, the person involved, the nature of any injuries and any follow up action taken. For example, we saw the evaluation/action of accidents from May 2016 which showed that four people had been referred to the falls team.

Checks of the building and equipment were carried out to minimise health and safety risks to people who used the service and staff. We saw documentation and certificates which showed relevant checks had been carried out on the electrical installation, gas services, nurse call systems, passenger lift and lifting equipment including hoists. However, we found that some of the portable appliances at the service had not been tested in line with the registered provider's policy and the gas safety check for the kitchen was last completed on 24 June 2015 which meant it was overdue by four days at the time of this inspection. We discussed this with the registered manager who took immediate action and we were sent a copy of the kitchen gas safety certificate and evidence of the portable appliance testing for the service within 48 hours of this inspection; this showed that the gas and appliances were deemed to be satisfactory by the contractor/person who had tested them.

We recommend that the registered provider implements a process to identify the timely servicing of equipment and systems.

We saw a fire risk assessment was in place and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure that these were in safe working order. Records showed fire drills were held to ensure that staff knew how to respond in the event of an emergency. One staff member told us, "We have a fire alarm every Wednesday and we have to go to the reception and one of the staff will take charge." A Personal Emergency Evacuation Plan (PEEP) was in place documenting evacuation plans for people who may require support to leave the premises in the event of a fire. This showed the registered provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

An emergency box was in place and checked weekly to ensure it contained all of the required items needed in the event of an emergency. We saw the box contained identity bracelets for people using the service, a mobile phone, a torch and a first aid kit. In addition to this there was the registered provider's business continuity plan which provided information about how they would continue to meet people's needs in the event of an emergency, such as a power cut or if flooding or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

We checked the recruitment records for four members of staff. These records evidenced that an application form had been completed, references had been obtained and checks had been made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent

unsuitable people from working with children and vulnerable adults. These checks meant that only people who were considered safe to work with vulnerable adults had been employed at White Rose Lodge.

We asked people who used the service if they felt there were enough staff, comments included, "There are always plenty of staff on" and, "Not so long since they [Staff] were very busy. But you are never waiting for ages. It's like this morning I was going out in a taxi and wanted to be up at eight o clock and they [Staff] were here." Visitors we spoke with said, "I have no concerns about the staff" and, "I have been to a lot of homes over the years. The levels of staff here are second to none. I have visited early in the morning and weekends and they are always okay."

We were given access to a 'Home dependency' report that the registered manager told us they completed for the organisation. We saw the report included 11 questions about the people who used the service which placed them in a low, medium or high dependency group. The registered manager told us this was calculated by their head office any indicated any changes required to the staff numbers.

On the day of the inspection we observed there were sufficient numbers of staff on duty to enable people's needs to be met. We noted call bells were answered promptly and people did not have to wait for attention. The registered manager told us the standard staffing levels were four care staff from 8:00am to 2:00pm reducing to three care staff from 2:00pm to 8:00pm and two care staff during the night. In addition to this, there was a senior care staff on duty through the day and night. The registered provider also employed domestic, laundry, kitchen, activity, maintenance and gardening staff. We checked the staff rotas and saw that these staffing levels were being consistently maintained. The registered manager was supernumerary to the staff duty rota. Supernumerary is in excess of the normal or required number. This meant that care staff were able to concentrate on supporting people who lived at the service.

Staff provided support where necessary to help people using the service take their prescribed medicine. The registered provider had a medication policy and procedure in place and staff administering medication received training to support them to do this safely. We saw that an observation of staffs' medication practice was carried out every three months. This helped to ensure that staff who administered medicines were doing so safely and in line with guidance on best practice.

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw medicines were obtained in a timely way so people did not run out of them; they were stored safely, administered on time, recorded correctly and disposed of appropriately. The temperature of the medication fridge and room were checked and recorded each day to ensure medication that needed to be kept cool was stored at the correct temperature.
We found some minor deficits in labelling and noted that not all bottles of medication we checked indicated the date it had been opened. It is best practice to date when the medication stored in bottles and boxes is opened. This helps to ensure that medicines are not used for longer than the recommended period of time. We discussed this with the registered manager who agreed to address this issue.

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs and there are strict legal controls to govern how they are prescribed, stored and administered. We found that controlled drugs were securely stored and records showed these were audited weekly and recorded when given.

There were 'as and when required' (PRN) medicine protocols in place to instruct staff on when and how to administer PRN medication, if necessary. We found the MARs we checked were clear, complete and accurate and there was an audit trail to ensure that medication prescribed by the person's GP was the same as the

medication provided by the pharmacy. Medication was supplied by the pharmacy in a 'bio dose' system; this is a monitored dosage system where tablets are stored in separate compartments for administration at a set time of day. The system was colour coded to identify the time of day the tablets needed to be administered and the same colour coding was used on MARs; this reduced the risk of errors occurring.

Good

Is the service effective?

Our findings

People we spoke with felt the staff at White Rose Lodge understood them well and had the knowledge to care for them. Comments included, "Yes, they will fetch me a wheelchair if I need one" and, "These carers are on top of the job. There is nothing too much trouble for them." A visitor told us, "Yes they do. We mentioned that [Name of person's] ankle had swelled and the next day there was a GP here to check on them."

We saw the registered provider had systems in place to ensure staff received the training and knowledge they required to carry out their roles. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. The registered provider had an induction programme in place and reviewed staff performance via one-to-one supervisions and appraisals. Overall staff told us they received regular supervision, they said, "We get supervisions and appraisals," "Supervisions are once a month" and, "I meet with [Name of registered manager] on a regular basis. Praise is always given for the work that is done." However, we received some minor negative feedback about the lack of supervision and support. We raised this with the registered manager during the inspection who agreed to look into this.

We looked at records of staff training to check staff had the appropriate skills and knowledge to care for people effectively. We saw staff had access to a range of training that included fire awareness, manual handling, food safety, health and safety, first aid, safeguarding and infection prevention and control. Records showed staff participated in additional training to guide them when supporting the physical and mental health care needs of people who used the service. This training included topics such as dementia care, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. One member of staff told us, "I have done moving and handling, fire awareness and infection control" and, "We use different cloths when cleaning toilets and sinks for example. I always use my personal protective equipment (PPE) and someone came to show us what cleaning products we should use."

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether authorisations to deprive a person of their liberty were in good order.

At the time of this inspection the registered manager told us that none of the people who used the service were subject to a DoLS. They went on to tell us that authorisations to deprive three people of their liberty had been submitted and they were awaiting the outcome of these from the authorising body. We saw documentation was completed appropriately by the registered manager who displayed a good

understanding of their role and responsibility regarding MCA and DoLS and approximately 60% of the staff team had completed training in the MCA. One member of staff told us, "No-one has a DoLS at present. The MCA has been used and some DoLS have been applied for. The GP visited and the social worker and they both agreed. We have done some phone calls to people's families regarding best interest, for example, we spoke with [Name of person's] son over the telephone" and, "People sign their own care plans."

We reviewed care files and saw people who used the service had signed to show they consented to the care and support provided. Where there were concerns about people's capacity to make an informed decision, we saw a mental capacity assessment had been completed. We saw people gave staff their consent to receive care and support by either saying so or by agreeing to accompany staff and agreeing to accept the support offered. There were some documents in people's care files that had been signed by people or their relatives to give permission for photographs to be taken and used, the use of equipment to support them and sharing their information. This showed us staff were working within the principles of the MCA and consent to care and treatment was sought in line with legislation and guidance on best practice.

We saw people had their health care needs assessed by the service because they had been consulted about their medical conditions and information had been collated and reviewed. We were told by staff that people could see their GP on request and the services of the district nurse, chiropodist, dentist and optician were obtained whenever necessary. One member of staff told us, "One person has an acute care plan in place and their health needs are huge. District nurses come in and their GP visits regularly. If we have concerns we will go to the senior staff and they will act on it straight away." Staff maintained an 'External visit record' providing an overview of visits to or from health or social professionals. These records showed us people were supported to access healthcare services if needed.

People had their nutritional needs assessed by the service because people had been consulted about their likes and dislikes, allergies and medical diets and all of this was clearly recorded in their care files. The service sought the advice of a speech and language therapist or a dietician when needed. The service provided people with three nutritional meals a day and snacks upon request.

There were nutritional risk assessments in place, for example, for those people that had a poor diet or if they needed to maintain a specific medical diet or if they had allergies to certain foods. For example, we saw one person's care file recorded, 'I need a type 2 diabetic controlled diet' and another person's said, 'I need to be offered smoothies at each meal and in between meals.' These needs were clearly recorded in their care files so that staff knew about them and were able to meet them.

People who used the service were weighed monthly or more frequently if there were concerns about their nutritional intake. We saw monthly weights were recorded in people's care files and a 'Nutrition assessment' was completed monthly to identify risks around people's nutritional intake. Where people's nutritional status was at risk, we saw people were reviewed by their GP and supplements prescribed. We saw food and fluid monitoring charts were in place (where necessary), to closely monitor people's food and fluid intake to ensure they were eating and drinking enough. A visitor told us, "When [Name of person's] blood pressure was low it was identified their fluid intake was also low. Since then they are offered plenty of fluids and staff are always asking if drinks are wanted."

Three people who we spoke with told us the food was very good and we saw people's choice of meals was recorded on a 'Food options' record for each day. People who used the service told us, "Oh yes, they [Staff] even come at 9:00pm on a night and ask if you want a sandwich or biscuits and a drink," "They [Staff] will bring you a drink anytime. They even bring you a cup of tea and cakes," "The meals are very nice and we always get a choice" and, "if you have a visitor they can also have a meal. There are always two things you

can choose from." Observation of the lunch time meal showed the food was presented very well. We saw people were shown the meals they had chosen and people were provided with a hot or cold drink and sauces / condiments were offered and given. We saw people chose to sit in the dining area or in their own rooms and people chatted to each other and staff so there was a relaxed and enjoyable atmosphere in the dining room. Staff moved around the service offering support to people as needed.

People who used the service lived in a spacious and homely environment that accommodated the use of moving and handling equipment in the bedrooms and communal spaces. The environment and fabric of the facility was clean and housekeeping staff were well in evidence. Furnishings and décor were to a good standard and individual bedrooms were personalised to people's taste. There was a wide range of communal spaces and seating areas for people to use including a library that overlooked the sea with a range of books on offer, a hairdressing area and a recently re-furbished summer house that we saw was fully accessible and fitted with heating, lighting and furniture.

Good

Is the service caring?

Our findings

Our observations of the service showed staff were caring and considerate of people who used the service. We saw they had good approaches to care and support and this was reflected in people's feedback to us during our inspection. We asked people who used the service if staff were caring, they told us, "Yes they [Staff] are. There is always someone here to help me," "They [Staff] are caring and so nice and friendly" and, "If staff are going into town they will ask you if you want anything bringing." A visitor told us, "[Name] is a lady and the staff know that. They [Staff] respond to people kindly and I have never seen anybody addressed in a manner that is impolite" and, "I think they do care. Every time we come they say hello. Their attitude is they are also interested in us and not just [Name of person who used the service]."

Staff told us they felt their colleagues really cared for people. Comments included, "I would think so, staff seem okay and people sound sincere," "They [Staff] treat people well, respect their privacy and give them choices. For example, [Name] has got poor hearing and we will write things down for them to make sure they understand" and, "Yes, there is a lot of compassion and if something is not right people want to help. It is the little touches like taking someone a cup of tea as their last one has gone cold, or one person had a sore throat and they [Staff] had made them a smoothie to help. One person has lost their faith and staff are now reading passages with them from the bible to try and help restore this."

People told us that staff treated them on an equal basis and equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files. We saw that some people who used the service had different faiths. A visitor told us, "We have a bible reading when we come every time. It is an important part of [Name's] life and they read the bible. A member of staff reads a psalm with [Name] every morning" and a member of staff said, "A vicar comes here once a month and does a service and holy communion and a priest comes to see [Name]."

People who used the service told us that staff were kind and caring and maintained their privacy and dignity. Comments included, "Every time they [Staff] come they knock on my door. Doors are shut and they [Staff] put a towel over me after a shower" and a visitor told us, "We have been very happy about that. Staff always knock before they come in [Names] room and they will ask us to wait outside if they need to." We asked staff how they supported people to maintain their privacy and dignity. One member of staff told us, "We will knock on people's doors and sometimes people will say they are just in their bathroom and we will say okay and go back later." Personal care was provided in people's rooms with their door shut and we saw that staff knocked before entering people's rooms to maintain their privacy. During our inspection we observed that staff spoke in an appropriate manner and tone to people using the service and in this way treated people using the service with respect.

During our inspection we spent time observing interactions in communal areas including at lunchtime. We observed a number of positive interactions where staff and people who used the service engaged in meaningful conversations. We saw examples of where people responded positively and warmly to staff showing us that they had developed positive relationships with the staff supporting them. For example, we saw staff spent time saying good morning to people and asking how they were and when people were being

supported staff were engaging and talking with the person all the time.

We saw staff had a consistently pleasant manner with people. Staff knew people's needs well and followed their care plans to ensure those needs were met. Some of the staff had been employed at White Rose Lodge for several years, while others were new, but the mix of staff was balanced in terms of experience and skills. The registered manager led by example and we saw they were polite, attentive, visible and informative in their approach to people that used the service and their visitors. Management and staff gave the sense that people mattered very much and were therefore caring in their approach to meeting their needs. All of this alleviated people's anxieties and so their wellbeing was maintained.

We reviewed three people's care files and saw these contained person centred information that enabled staff to get to know them. This included information about people's likes, dislikes and interests. For example, one person's care file recorded, 'I like Woman's Weekly magazine and watching TV' and, 'I like a small night light on.' This helped people to be supported with their individual preferences.

The service maintained links with the local community through the church visits and visiting local stores. The activities coordinators arranged outings to local areas of interest or entertainment within the service.

People who used the service told us staff encouraged them to be independent in their day to day lives. Staff told us they supported people to be independent. Comments included, "Staff will come and help me onto my bed but I can get up myself as I have a banana board. I can get up when I want and go to bed when I want to." Our discussions with staff confirmed this. One member of staff told us, "[Name] is now walking much better on their own and we encourage this. We do this by encouraging them to walk so far and we will get the wheelchair when they feel they need it." This meant people were supported and encouraged to maintain as much independence and control over their lives as possible.

There was information in the hallway for people and their visitors/relatives in areas such as Alzheimer's research, complaints and various care magazines. The 'Statement of purpose' was available and included information on advocacy services if people required them. A statement of purpose sets out the service aims and objectives and advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

Good

Is the service responsive?

Our findings

We saw people's needs were assessed before they moved into White Rose Lodge and this information was recorded in their care file for staff to access. Care files contained information about the support people required as well as information about their preferences for care. People's care files contained assessments, risk assessments and individual care plans for care needs which included eating and drinking, personal care, communication, mobility, social, sleeping and end of life (EOL).

The care files we looked at were written in a person centred way and identified the person's individual needs and abilities as well as choices, likes and dislikes. Care files included a 'Me and my life' document which recorded the person's life story so far, their routines and any medical diagnoses.

We saw care files and risk assessments were reviewed and updated regularly and as people's needs changed. A visitor told us, "[Name of person's] money had reduced and social services were involved and the staff were ready to receive the social worker and discuss the changes." A staff member told us, "We are currently updating people's care plans and we have 'flash meetings' with staff about people's plans of care and any changes. Care plans are reviewed every month."

When we spoke to the registered manager and staff they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required, whilst they were in the service and the community. They were able to give examples of how they supported individual choice. One member of staff told us, "People are given choices around their food and drink, what they would like to wear and what support they would like with their personal care. At the pre-assessment visit we spend a lot of time with people to get to know them and there is a huge amount of paperwork done." A person who used the service told us, "I can look after myself and staff will help me give my back a rub if I need them to."

We saw staff completed handover records to document important information about people's changing needs or significant events such as, hospital admissions, professional visits, staff on duty and allocated roles.

Some people preferred to remain in their bedrooms and only mix with others at meal times or not at all, depending on their personal choice. These people were visited throughout the day by staff checking to see if they needed anything. Some people spent a lot of time on bed rest, rarely getting up and therefore all of their personal care needs were met by staff going to them at regular intervals and assisting them.

We saw one person who remained in bed due to illness was visited regularly by staff during the inspection; they had adequate equipment in place to support their needs and had their call bell close at hand if they needed any support from staff. Another person's care file included a 'Pain assessment tool' which we saw included how and where the person's pain was presented and three things that made the pain worse or better. For example, we saw pillows made the pain better. This ensured that information was effectively shared so that staff could provide responsive care to meet people's needs.

The registered provider employed two activity workers and during our inspection we observed some people taking part in a game of darts and others accessing the garden area to enjoy the outdoor space. We saw a large pictorial activity board displayed in the entrance hall that provided information of the activities on offer over a seven day period. We spoke with an activities co-ordinator who told us they provided a range of individual and group activities that included day trips out. They told us, "We went to the circus recently. Monday is bingo, and we have ice cream afternoons in the sun lounge. A farm recently visited and brought some animals in that people really enjoyed. We have singers come in and the hairdresser comes every Tuesday."

People told us there were activities available if they wanted to take part in them. Comments included, "I join in we've got darts today and the hairdresser comes every Tuesday," "I take myself to the hairdresser," "We did bun decorating and then ate the buns," "I read a lot and do crossword puzzles" and, "I get a newspaper every day." Activity records showed other activities people had participated in including: 'I remember' groups, tea and chat, nail care, painting, one to one games and watching movies.

People using the service told us they knew how to raise issues or concerns and they felt that staff and the registered manager were approachable. Comments included, "Yes, they [Staff] always listen to you if you need to tell them something" and, "Yes I know how to complain but I haven't had to."

The registered provider had a complaints policy and procedure in place. Records showed there had been one written complaint in the 12 months prior to this inspection. We reviewed documents relating to the complaint and saw it had been appropriately investigated and a response provided to address the concerns raised. This showed us the registered manager was responsive to concerns and acted appropriately to resolve issues.

Good

Is the service well-led?

Our findings

People we spoke with felt the service was well led and had a pleasant atmosphere. One person told us, "Nothing is too much trouble" and another said, "Yes it's run okay and I have no complaints." Overall, the staff we spoke with said the culture of the service was, "Lovely and very caring." They went on to tell us, "I am really enjoying my job. Our residents are lovely and the time goes just like that" and, "You need compassion and common sense. Staff are all supportive of each other and the residents are loved." A visitor told us, "It is warm, the staff are approachable and we are very comfortable that [Name] is here."

We asked for a variety of records and documentation throughout our inspection and found that these were stored securely, but readily available on request.

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been the registered manager for the last year. We saw that notifications had been sent to us over the last year and so the service had fulfilled its responsibility to ensure any required notifications under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been notified to the Care Quality Commission (CQC).

The registered manager told us that they received good information from within the organisation. They went on to tell us they subscribed to various care sector magazines and attended regular training and that this helped them to keep up to date with any changes in legislation and with good practice guidance.

Staff told us the management style of the registered manager was open and approachable. They told us they could express concerns or ideas any time and that they felt these were considered. For example, one staff member told us they had approached the registered manager with concerns they had in relation to not having enough support to deliver activities to the people who used the service. They told us the registered manager took these concerns on board and asked them to sit on the interview panel to recruit another member of staff. Other staff told us, "[Name of manager] is incredibly approachable and will listen to you no matter what" and, "[Name of manager] has listened to me and taken my ideas on board. It has changed since [Name] has worked here."

Staff told us they attended regular meetings to provide everyone an opportunity to discuss issues, make plans and resolve problems. They said, "We have staff meetings once a month" and, "Yes, we have a full staff meeting once a month."

The registered provider completed an annual survey which involved sending quality assurance questionnaires to people using the service, relatives and professionals that visited. We saw questionnaires from the previous year's survey that included an evaluation of the feedback on what the service did well, what the service could do to improve and any actions taken in response to people's views.

The registered manager completed regular audits which covered areas of the service such as health and safety, fire, bedrails, window restrictors, water temperatures, medications and moving and handling

equipment. Accident and incident reports were collated and analysed monthly and annually to identify any patterns or trends. This system ensured that steps were taken in response to incidents to reduce the risk of reoccurrences. We saw the quality manager completed internal audits of the service on a monthly basis and we saw an annual quality report was completed that included an overarching evaluation and summary of areas such as admissions, transfers of care, hospital admissions, deaths, duty of candour, safeguarding, deprivation of liberty safeguards (DoLS), satisfaction questionnaires and all meetings. For example, we saw comments provided in the last relative's survey indicated people's relatives were hoping the service summer house would be re-opened. During this inspection we saw this had been achieved. This meant the current systems in place would identify any shortfalls in practice and help to identify where improvements to service delivery may be required.