Care Quality Commission

Omega Elifar 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

The inspection took place on 27 April 2015 and was unannounced. White Lodge is registered to provide accommodation and support to people with learning disabilities. At the time of the inspection there were four people living at 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.

Staff had received safeguarding training and had access to relevant guidance. Risks to people had been identified in their care plans and measures were in place to manage these. Staff understood the potential risks to people and how to manage them. People's medicines were administered safely by competent staff.

Summary of findings

There was flexibility in the staffing levels to ensure people's individual needs were met. Staff had undergone the required pre-employment checks, to protect people from unsuitable staff. Staff had received an induction into their role, ongoing training, opportunities for professional development and regular supervision. People were cared for by sufficient numbers of trained and well supported staff.

Where people lacked the capacity to make specific decisions staff had followed the requirements of the Mental Capacity Act 2005. Assessments and best interest decisions were clearly documented. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. All people living at the service were subject to DoLs. People were protected as decisions made on their behalf met legal requirements.

Staff ensured people had sufficient to eat and drink and provided people with a range of nutritious foods. People had health action plans in place to address their identified healthcare needs. People were supported to access a range of healthcare professionals as required.

People's relatives told us "Staff care about people." Staff were seen to interact with people in a positive and caring manner. They showed concern for people's welfare. Staff understood how people communicated and encouraged them to make choices. People were supported to have regular contact with their families. People were treated with dignity and respect by staff.

A person's relative said "Staff understand her well." People's care plans reflected their individual needs and preferences about how they wanted their care to be provided. Where possible people were consulted about their care. Staff regularly reviewed people's care with them to ensure they were satisfied. People were supported to go on holiday and take part in a range of activities.

People's views on the service were sought through both individual and group meetings. The views of people's relatives were sought through the provider's quality assurance process. There was a complaints process if people wanted to make a complaint about the service.

The provider had a clear set of values which staff understood and implemented in the course of their work with people. People's relatives, professionals and staff told us the service was well led. Staff felt well supported. There were robust arrangements in place to ensure there was adequate management cover if the registered manager was on leave or not working.

Learning took place from incidents to improve the delivery of people's care. The registered manager completed weekly and monthly reports in relation to the quality and safety of the service in order to identify any areas which required improvement. The operations director completed regular visits to the service, to monitor the quality of the service offered and to drive improvements.

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 were safeguarded from the risk of abuse. Staff had received training and understood how to protect people from the risk of harm.

Risks to people had been identified and managed effectively.

People were supported by sufficient staff to meet their needs safely. Staff underwent robust recruitment processes to ensure their suitability for their role.

People's medicines were administered safely by competent staff.

Good

Is the service effective?
The service was effective

Staff were knowledgeable and well supported in their role. People were cared for by staff who had received training in relation to people's specific health care needs.

Staff sought people's consent in relation to their care where they were able to. When people lacked the capacity to make a decision legislative requirements had been followed to protect people.

Staff supported people to eat and drink enough to meet their needs.

People's healthcare needs were met as staff monitored their wellbeing and supported them to access healthcare services as required.

Good

Is the service caring?
The service was caring

People experienced positive and caring relationships with staff.

Staff understood people's methods of communication. People were encouraged and supported to make choices.

People's privacy and dignity were respected by staff.

Good

Is the service responsive?
The service was responsive

Staff understood people's individual care needs and preferences.

People were consulted about their care plans and were involved in reviews of their care.

People were supported to take part in activities both within the service and in the community.

There were processes and systems in place to seek people's views of the service.

Good

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

Good

Summary of findings

The service values included choice, equality, individuality, participation, respect and safety in relation to the provision of people's care. Staff implemented these values in their work with people.

The service was well managed at all levels for people.

There were processes in place to enable the registered manager and the provider to assess the quality of the service provided and to identify any areas for improvement.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 27 April 2015 and was unannounced. The inspection was completed by an inspector due to the nature of the service provided and the number of people supported.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with the GP for the service and the manager of a local day service used by people. Both professionals provided positive feedback about the service people received.

During the inspection we spoke with the three people who were present. However as they all had a severe learning disability they were not able to tell us about their experiences of life at the service. Therefore we spent time observing staff interactions with them, and the care that staff provided. The registered manager was not available on the day of the inspection so we spoke with two registered managers from the provider's other services who were providing management cover. In addition we spoke with two care staff. Following the inspection we spoke by telephone with three people's relatives, two further staff and a person's social worker.

We reviewed records which included four people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected in December 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

Relative's told us staff kept people safe. The GP for the service said they had no concerns about staff's ability to identify potential safeguarding issues. They said if a person sustained a bruise staff always had it checked.

No safeguarding alerts had needed to be raised in relation to people living at White Lodge. Staff we spoke with told us they had completed safeguarding training, which records confirmed. Staff were able to demonstrate their understanding of safeguarding and their role and responsibility to protect people. Records showed the provider had tested staff knowledge by speaking with them about safeguarding during their regular visits. Staff had access to safeguarding policies, procedures and telephone numbers in the event they were required. People were protected from the risk of harm as staff understood their role and knew how to protect people.

People had risk assessments in place which identified potential risks, the level of risk and how the risk was managed. Staff told us they were required to read people's risk assessments and update themselves, during shift handovers in relation to any changes with risks to people. Staff meeting and supervision records showed risks had been discussed with staff. People were cared for by staff who understood the nature of potential risks to them and how to manage these risks.

Staff told us people were at risk of developing pressure sores so their skin was checked daily. People had pressure relieving equipment in place, for example, pressure relieving mattresses. Records showed any areas of soreness had been recorded and reported to the district nurses. Risks to people from the development of pressure sores were managed safely.

People had appropriate equipment to enable them to be moved safely, including moveable hoists and ceiling hoists to enable staff to transfer people safely into bed. Risk assessments stated how many staff were required to support people safely and staff had received relevant training. People were supported by staff to transfer safely.

Staff were seen to check how hot a person's tea was and then ensure the person was ready to drink it. The person held the mug whilst staff supported its weight to ensure the drink did not spill on them. Staff managed risks whilst being mindful of people's right to independence.

Staff constantly communicated with each other about where people were in the service in order to ensure they were aware of any potential risks to people. Staff told us they had access to an on-call manager if required. Records showed regular checks were made of equipment, to ensure it was safe for people to use. Processes and procedures were in place to manage potential risks to people.

People's relatives told us there were plenty of staff and this was confirmed by the GP. Staff said staffing levels were flexible in response to people's needs. There were two staff on duty during the day for the three people present during the inspection and these levels increased to three when the fourth person was at home. At night there were two waking staff. The registered manager was not included in their staffing needs analysis, which meant they were able to provide support. Staffing rosters demonstrated this level of staffing. People were cared for safely as staffing levels were flexible and adjusted to meet people's needs.

Staff had undergone robust recruitment checks as part of their application for their post and these were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

People's medicines were stored appropriately and securely. Two staff were observed to administer people's medicines in accordance with the provider's policy. Staff demonstrated their knowledge of what people's medicines were for. They wore gloves when they administered people's medicines to ensure they did not touch them. Medicines were administered at the person's pace; they were not rushed. Staff both signed the person's medicine administration record (MAR) to document what medicine the person had received. People's medicines were administered safely.

Staff told us they had completed medicines training as part of their induction and were then required to regularly update this training, which records confirmed. Staff

Good

Is the service safe?

informed us and records showed the registered manager did a practical assessment of staffs' competency to administer people's medicines. People received their medicine from trained and competent staff.

No-one was currently administered a topical medicine. This is a medicine that is applied to body surfaces such as the skin. Staff told us, when people had required a specific cream for sore skin, staff had completed a body map to indicate where the sore area was and where the cream was to be applied. They then recorded in the person's notes that the cream had been applied rather than in their MAR. Records we looked at confirmed this. However, this method of recording did not ensure information about all medicines administered was in the same place to protect people from the risks of either receiving too much or not enough of the cream. We spoke with the covering manager who took immediate action to ensure staff recorded the administration of this cream on the MAR as well as in people's daily records to ensure people's safety.

Good

Is the service effective?

Our findings

Staff told us, and records confirmed, they had completed an induction into their role based on the Skills for Care common induction standards. These are the standards people working in adult social care need to meet before they can safely work unsupervised. Staff also completed regular required training to support them and develop their skills. Staff were trained to support people effectively with behaviours which may challenge. Staff had been supported to undertake National Vocational Qualifications (NVQs). These are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability to carry out their job to the required standard. Staff told us they received regular supervision and an annual appraisal of their work, which records confirmed. People were cared for by staff who were supported in their role.

Staff were required to deliver Percutaneous Endoscopic Gastrostomy (PEG) feeding. PEG feeding is a form of tube feeding for people who are unable to or have difficulties in swallowing. Staff told us they had been trained in this technique by a nurse and received regular updates, which records confirmed. Staff were able to describe in detail the processes involved. They were clear about their role and responsibilities and those of the nurse. They knew when and how to seek medical assistance in relation to PEG feeding. Staff were observed to follow relevant care plan guidance when they delivered a person's PEG feed. People received effective care as staff had received relevant training and understood the processes, procedures and risks involved.

Relatives told us staff consulted them about decisions that needed to be made on people's behalf; a GP confirmed they were also consulted. Staff were heard to seek people's verbal consent about day to day decisions about their care. Staff told us, and records confirmed, they had completed training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff were able to demonstrate their understanding of how the MCA 2005 applied to their work with people. They told us about best interest decisions that had been made on behalf of people where they lacked the capacity to consent. People had documented mental capacity assessments and best interest decisions. These were in relation to being supported and supervised at the service, health decisions, the use of cot sides, harnesses and belts on wheelchairs, which can be a form of restraint. People received effective care as staff followed the requirements of the MCA 2005.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The covering manager told us everyone at the service was subject to DoLs and records confirmed this. People's rights were protected as legal requirements in relation to DoLs had been followed.

There was a pictorial meal plan for each week which offered people a range of balanced foods. Staff told us people were regularly weighed in order to monitor their weight and identify if anyone was at risk from weight loss or weight gain, which was confirmed by records. Staff gave people choices about what they wanted to eat for tea and provided what they requested. People's care plans gave staff guidance in relation to how people needed their food to be presented to enable them to eat it and what support they required. Staff were observed to follow this guidance, for example, by ensuring people's food was cut up for them where required. People, if they needed one, were provided with an adapted beaker to enable them to drink independently. People were not rushed during meal times and ate at their own pace. The meal was a sociable occasion for people and pleasant. One person was not very hungry. Staff noted this and said they would use the staff shift handover to request night staff offer the person a snack later. People were supported by staff to ensure they received enough to eat and drink.

The GP for the service said people had an annual health check and staff ensured people were seen as required between these checks. The covering manager said people saw the GP, learning disability team, community nurses, Speech and Language Therapy (SALT), physiotherapists and podiatrist. People's records showed they had also seen the dentist, optician and chiropodist. People had been seen by SALT and records showed the guidance from SALT had been followed. People had a health action plan which identified and addressed any health care needs they had. People's healthcare needs were met as staff supported them to access a range of healthcare professionals as required.

Good

Is the service caring?

Our findings

People's relatives said staff were caring. Their comments included "Staff care about people," "She is well cared for," "Staff interact with her a lot" and "Staff know how to communicate with her." The GP and the day centre service manager confirmed staff were caring and knowledgeable about people.

Staff chatted with people constantly as they provided their care. They used humour appropriately whilst interacting with them. People had positive expressions on their faces in response to staff. Staff bent down to people's level and established eye contact when they communicated with them. They used touch when they spoke with people, gently stroking the person's arm to prompt their engagement. Staff spoke with people in a caring and positive manner.

People were smartly dressed and well kempt. Staff ensured people dressed appropriately for the weather and when it became cooler during the day people were seen to be wearing warmer clothes to ensure their comfort. When staff delivered people's care they constantly checked if they were comfortable. Staff ensured a person was correctly positioned before they gave them their medicine. Staff demonstrated concern for people's comfort and well-being.

Staff told us they had a good understanding of people's communication needs. They were able to tell us who could respond, by expressing sounds, who communicated through facial expression and who communicated verbally with a yes or no to simple questions. Staff were heard to give people clear information about what they were doing and told people what they could do to help with the delivery of their care, for example, moving their arm. Staff understood people's communications and level of understanding, and tailored their communications to meet people's needs.

A relative told us "Staff respect her choices, she likes to choose her own clothes and staff help her." A staff member confirmed "We give people choices all of the time." Staff gave a person choices for their breakfast. Another person's care plan said they liked to be pampered. Staff asked them if they wanted to put on perfume before they went out. People had been able to decorate and personalise their own bedrooms with staff support. All of the people living at the service were female and each person's bedroom was feminine and individualised. People's daily records documented what choices they had been given each day. Staff offered people choices about their care and promoted their involvement in decisions.

Two relatives told us staff supported people to visit them at home, as well as them being able to visit the service. Records confirmed people were supported to maintain contact with their families.

Staff told us they had completed training in privacy and dignity as part of their induction and equality training. People's care plans noted how their privacy and dignity were to be maintained, for example, through the positioning of their clothing. Staff were observed to knock on people's doors before entering and to tell people who they were when they entered and why they were in their room. Staff asked people if it was alright with them if they went and answered the front door, respecting that it was their home. People were treated with respect by staff and their privacy and dignity were promoted during the delivery of their care.

Good

Is the service responsive?

Our findings

People's relatives told us "Staff understand her well." One said "She has a keyworker I can chat to" and another told us "I get a copy of her review and photos from trips she has been on."

People had a range of care plans which reflected their individual needs. Staff had obtained reports from health professionals when people were placed, for example, occupational therapist and social work reports to ensure they had access to relevant information about people's needs. Staff told us and records confirmed people had a keyworker who had overall responsibility for their care. The keyworker met with the person monthly to review their care. Records showed people's care plans were updated with relevant information as required and not just at reviews. This ensured staff had access to up to date information when people's needs changed. Records demonstrated a person's care plans had been discussed with them. People had an annual review of their care to which their family and professionals were invited; a relative confirmed they had been involved in a recent review. People had care plans which staff had discussed with them where possible.

People had a 'This is me' document which recorded what was good about them, important people to them and what was a good day for them. One person's records noted a good day involved them going out for lunch which people did on the day of the inspection. People had a pen portrait which gave key information about the person including how to communicate with them. Staff were knowledgeable about people. One person's care plan said they preferred to have a lie in and their breakfast in bed. Staff respected this person's wishes and followed their care plan. Another person's care plan said they liked to get up early. When we arrived they were up and seated in the lounge according to their preference. Staff knew which people might be resistant to receiving care and told us how they would know the person did not want care, for example, through vocal or facial expression. They told us how they respected people's wishes and would attempt to provide their care later in the day when they might be more receptive. Staff provided people's care in a manner that took account of and respected their preferences and wishes.

The service had a bus to transport people to the day service and take people out. Staff told us "If the weather is good we get people out." On the day of the inspection people were taken out for lunch. People's care plans recorded how they spent their time: at the day service, visiting family, cooking, sensory reflexology, shopping, massage and enjoying music. The day service manager told us people were supported by staff to participate in different activities at the day service. Records showed people had been enabled by staff to go on holidays. Staff supported people to participate in a range of activities at home and in their local community.

Records showed there were regular meetings to seek people's views about the service. People's body language and facial expressions during the discussions were noted. People's feedback was sought about whether they enjoyed their activities at the day service. Staff said people also had the opportunity to raise issues during their monthly keyworker meetings. Records demonstrated people's relatives and professionals were asked to complete a quality assurance audit at the time of people's annual review. Results demonstrated a high degree of satisfaction with the service. The complaints policy was displayed. A person's relative told us they knew how to complain if they wanted to. Whilst no formal complaints had been received another relative said "The manager takes action if anything is raised." People did not have the capacity to make formal complaints. However, the keyworker meetings provided them with an opportunity to express how they felt. The views of people, their relatives and staff about the service were regularly sought.

Good

Is the service well-led?

Our findings

The provider's core values included choice, equality, individuality, participation, respect and safety. Staff told these values were discussed with them during their induction to the service and during supervision and staff meetings, which records confirmed. Staff were observed to display the organisational values in their attitudes and during the course of their work with people. They treated people with respect and recognised their rights as individuals whilst keeping them safe. They encouraged choice and enabled people to participate in their chosen activities. People's care was delivered by staff who understood and implemented the organisations values.

Relatives said the service was well-led. One commented "The manager is very thorough." The day service manager said the registered manager was professional and ensured there was a good level of communication with the day service about people's needs.

Staff told us "Management is supportive" and "I am very happy with management." The covering manager told us the provider's management team worked together as a whole and there was an open door policy where staff were encouraged to raise any issues. Staff told us that following a recent incident, management had been very supportive. A staff member said if they had any concerns they raised them with the registered manager who addressed them. The covering manager informed us the provider had a 'buddy' system for managers to ensure when the registered manager was away there was adequate management cover in place. They had a good understanding of the service they were covering. They said the registered manager worked on the floor alongside their staff team and this was confirmed by staff.

Staff had written guidance on what incidents to report. Records showed incidents had been recorded and reviewed by the registered manager to identify changes that could be made to promote people's safety. Following a medicine incident the process for preparing that particular medicine was revised and staff informed of this. Processes were in place to ensure incidents were reviewed and learning took place to improve people's care.

The provider had a service improvement plan for the year. This covered areas that included training, care plans, fire safety, risk assessments, health and safety, medicines, independence, food safety and cleaning. This ensured there was an overall plan to drive service improvements for people.

Records showed the registered manager completed a weekly written report on the service for the provider, covering areas such as care plans, risk assessments medicines and health and safety. The registered manager also completed a monthly report on people's finances, residents meetings, people's reviews and staff meetings. Records demonstrated an overhead hoist had been required for one person and this had been fitted. The pharmacist who dispensed people's medicines completed an annual audit of medicines and no issues were identified at the last audit. There were processes in place to enable the registered manager to monitor the quality of the service provided and drive improvements.

The operations director completed a regular visit to the service and produced a report of their findings. They observed staff interactions with people and spoke with people and staff at each visit. They checked people's care plans, incident records, staff training and medicines. If actions were required to improve the service these were noted. Records showed an overhead hoist had been required for one person and this had since been fitted. People's care was well-led as there were systems in place to regularly update the provider on the quality of people's care.