

Finbond Limited

Whitchurch Lodge

Inspection report

154-160 Whitchurch Lane
Edgware
Middlesex
HA8 6QL

Tel: 02089525777

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook this unannounced inspection on 14 March 2017. Whitchurch Lodge is registered to provide personal care and accommodation for a maximum of 32 people, some of whom may have dementia. At this inspection there were 28 people living in the home.

At our previous comprehensive inspection on 24 March 2016 we rated the service as "Requires Improvement". We found two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The first breach was in respect of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment. The registered provider did not ensure that at all times the premises and equipment were safe and did not do all that was reasonably possible to mitigate against health & safety risks to people. At this inspection the service demonstrated that they had taken action to comply and the required checks and documented evidence were in place. The second breach was in respect of Regulation 17 Good governance. This service did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service. At this inspection the service had the necessary checks and audits for ensuring quality care.

People informed us that they were satisfied with the care and services provided. They had been treated with respect and felt safe living in the home. There was a safeguarding adult's policy and suitable arrangements for safeguarding people.

The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. Audit arrangements were in place and people confirmed that they had been given their medicines.

People's care needs and potential risks to them were assessed and care workers were aware of these risks. Care workers prepared appropriate and up to date care plans which involved people and their representatives. Personal emergency and evacuation plans were prepared for people and these were seen by us. People's healthcare needs were monitored and attended to. Arrangements had been made with healthcare professionals when required.

The premises were clean and tidy. Infection control measures were in place. There was a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, drills, training and a fire equipment contract. Fire drills had been arranged.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. We noted that no authorisations had been applied for. The assistant manager was aware of the requirements of the law, however, at the time of this inspection she stated that no person needed a DoLS authorisation.

There were suitable arrangements for the provision of food to ensure that people's dietary needs and special preferences were met. People informed us that they were satisfied with the meals provided. Catering staff checked daily with people to ensure that their preferences were responded to.

There were enough care workers deployed to meet people's needs. They were knowledgeable regarding the needs of people. Teamwork and communication within the home was good. Care workers had received induction and training to enable them to care effectively for people. There were arrangements for support, supervision and appraisals from their managers.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Care workers were caring and knowledgeable regarding the individual choices and preferences of people. Regular residents' meetings had been held for people and the minutes were available for inspection. The home had an activities programme to ensure that people could participate in social and therapeutic activities.

People knew who to complain to if they had concerns. Complaints made had been recorded and responded to. In addition, the service had a record of how people felt about their progress and the care provided. This enabled care workers to better understand people.

Audits and checks of the service had been carried out by the registered manager and one of the directors of the company. These were carried out monthly and included checks on care documentation, medicines, and maintenance of the home. Evidence of these was provided. A recent satisfaction survey indicated that people were satisfied with the care provided.

Care workers were aware of the values and aims of the service and this included treating people with respect and dignity and encouraging them to be as independent as possible.

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. There were suitable arrangements for safeguarding people. Care workers were aware of the safeguarding policy. Care workers were carefully recruited. Staffing levels were sufficient. Risk assessments had been carried out. There were suitable arrangements for the management of medicines. The home was clean, well maintained and infection control measures were in place.

Is the service effective?

Good ●

The service was effective. People who used the service were cared for by care workers who were knowledgeable and understood their care needs.

People's nutritional and healthcare needs had been monitored and attended to. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA). Care workers were aware of the procedures to be followed to meet the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring. People were treated with respect and dignity. People had opportunity to express their views. They were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive. Complaints had been appropriately responded to. The needs of people had been carefully assessed and appropriate care plans were in place. Care workers were able to meet the needs of people.

Is the service well-led?

Good ●

The service was well-led. Audits and checks had been carried out by the registered manager and a director of the company. People and care workers expressed confidence in the management of the service.

Whitchurch 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 14 March 2017 and it was unannounced. The inspection team consisted of two inspectors. Before our inspection, we reviewed information we held about the home. This included notifications from the home and reports provided by the local authority. Prior to the inspection the provider completed and returned to us 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.

There were twenty eight people living in the home. We spoke with eight people who used the service and two relatives. We also spoke with the assistant manager, a deputy manager, a duty manager and seven care workers. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people.

We looked at the kitchen, medicines room, communal areas, garden and people's bedrooms. We obtained further feedback from one social care professional. We reviewed a range of records about people's care and how the home was managed. These included the care records for six people, five staff recruitment records, staff training and induction records. We checked the audits, policies and procedures and maintenance records of the home.

Is the service safe?

Our findings

People stated that they were happy living in the home and staff were attentive towards them. One person said, "It's very good here. They look after me very well. I feel safe and secure. They give me my medicine." Another person told us the home was very good. If you have to be in a home, this is a good place to be. A third person told us that care workers were careful when cleaning her and they were able to use the hoist properly. One relative we spoke with stated that they don't worry about their relative who lived in the home as the care was fine and their relative's clothes were clean. A second relative provided very positive feedback about the home. They stated that it took a long time to get used to living there but they said it had worked out well. The relative stated that what had helped was that the managers and care workers were helpful and kind. They spoke about hygiene being good and the laundry was done well.

We observed that people were cleanly dressed and appeared well cared for. Care workers were attentive, pleasant and interacted well with people.

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were on display in the home. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. A small number of safeguarding concerns were notified to us and the local safeguarding team. The registered manager had co-operated with the investigations and followed up on agreed action.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with smoking, mental health problems, antisocial behaviour and self-neglect. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency. These were seen by us.

At our previous inspection of 24 March 2016 the service was in breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment. The registered provider did not ensure that at all times the premises and equipment were safe and did not do all that was reasonably possible to mitigate against health & safety risks to people. At this inspection the service demonstrated that they had taken action to comply and the required checks and documented evidence were in place. There were suitable arrangements for ensuring fire safety which included an updated fire risk assessment and fire equipment contract. The emergency lighting had been checked monthly. The fire alarm was tested weekly to ensure it was in working condition. A minimum of four fire drills had been carried out in the past twelve months. We noted that there was no fire procedure on display on the first floor. The assistant manager explained that the walls had been repainted and she agreed to display it. Soon after the inspection, the registered manager confirmed that this had been done.

There was a record of essential maintenance carried out. These included safety inspections of the portable

appliances, passenger lift and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. All bedrooms visited had window restrictors. A ceiling light on first floor which did not have a cover. We were informed soon after the inspection that this has been replaced.

There were suitable arrangements for the recording, storage, administration and disposal of medicines. The two medicine trolleys were chained to the wall when unused. The temperature of the fridge and room where medicines were stored was monitored and was within the recommended range. There was a record confirming that unused medicines were disposed of and this was signed by the pharmacist. Controlled drugs were stored in a designated controlled drugs cabinet and the register had been signed by two care workers. This was accurate for the controlled drug stored there. The home had a system for auditing medicines. This was carried out by the assistant manager. There was a policy and procedure for the administration of medicines. There were no gaps in the seven medicines administration charts examined. People we spoke with told us they had been given their medicines.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks in place prior to being employed. We examined a sample of six records of care workers. We noted that all the records had the necessary documentation such as a criminal records disclosure, references, evidence of identity and permission to work in the United Kingdom. One newly recruited care worker did not have a new criminal records disclosure. This care worker had a disclosure from a previous employer which was obtained a year ago. The assistant manager and registered manager agreed that a new one would be applied for. This care worker had an employer's reference which was not on headed note paper. The assistant manager agreed that they would request that this reference be given using the employer's headed not paper. Some records had passport photos which were not clear. The assistant manager and registered manager stated that proper photographs would be attached to the records. In addition photos of all staff would be on the notice board in the dining room soon.

We looked at the staff rota and discussed staffing levels with the assistant manager. On the day of inspection there was a total of twenty eight people who used the service. The staffing levels normally consisted of the registered manager, an assistant manager, a deputy manager and at least four or five care workers during the day shifts. In addition there was a domestic staff and two kitchen staff. There were at least three care workers on waking duty during the night shifts. People informed us that there were sufficient care workers and they were satisfied with the care provided. Care workers we spoke with told us that the staffing levels were sufficient and enabled them to attend to their duties.

The premises were clean and no unpleasant odours were noted. Care workers had access to protective clothing including disposable gloves and aprons. The home had an infection control policy together with the guidance from the Department of Health. The kitchen was inspected and found to be clean. The home kept a cat as a pet. The assistant manager informed us that some people enjoyed having a pet in the home. We noted that the home had a policy on keeping pets to ensure the safety of the pet and people.

We reviewed the accident records for 2017. We saw that 18 accidents had been recorded to date. Six of these accidents related to one service user who had had a number of falls. The assistant manager and registered manager gave us details of action they had taken to minimise further falls. Documented evidence was also provided and we saw that this person had moved to another bedroom more suitable for them.

Is the service effective?

Our findings

People using the service told us that care workers were competent and they were satisfied with the care provided. One person said, "I am happy here. I am not restricted." When asked about healthcare, this person said, "I have seen the doctor. They do call the doctor if needed." A second person referred to the food being good and the fact that she was able to choose to have breakfast in her room.

People's healthcare needs were closely monitored by care workers. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or health problems. We saw evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist, chiropodist and GP. The assistant manager informed us that none of the people who used the service had pressure sores.

Arrangements were in place to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for care workers on the dietary needs of people. We noted that information regarding special diets was available for care workers in the care records and kitchen staff were aware of special diets. Kitchen staff told us they spoke with people each morning to ask about their preferences. People confirmed that they were consulted regarding their preferences. A care worker we spoke with during lunch could identify people who required special diets. We observed people having their lunch and spoke with them. People told us they were satisfied with their meals. Care workers sat alongside people and assisted those who needed help with the meals. To ensure that people received sufficient nutrition, monthly weights of people were documented in their care records.

Care workers were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Topics included mental health awareness, equality and diversity, moving and handling, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role.

New care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. The registered manager informed us that two new care workers had now been enrolled on the Care Certificate. Care workers said they worked well as a team and received the support they needed. The registered manager and assistant carried out supervision and annual appraisals of care workers. Care workers we spoke with confirmed that this took place and we saw evidence of this in their records. They informed us that communication was good and their managers were approachable.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 Act 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. Mental capacity assessments had been carried out. We saw that mental capacity assessments had been carried out.

Where people lacked capacity, details of their advocates or people to be consulted were documented in the assessments. The assistant manager informed us that people living in the home had relatives or representatives who advocated for them. The registered manager and care workers were aware of the need for best interest decisions to be made and recorded when necessary.

Care workers were knowledgeable about the importance of obtaining people's consent regarding their care, support and treatment. They stated that they asked people for their consent or agreement prior to providing care or entering their bedrooms. This was confirmed by people we spoke with. People stated that care workers usually asked for their consent before providing care. The home has a policy providing guidance to staff on seeking consent from people.

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. We noted that no authorisations had been applied for. The assistant manager stated that no person needed it. She stated that if needed the service would apply for a DoLS authorisation. This was noted at the last inspection and we saw evidence of the application.

Is the service caring?

Our findings

People spoke highly of care workers and informed us that they were caring. We spoke with one person during lunch. This person said, "Care workers are very nice. They do ask me if I need extra food." Another person said she had a lot of help from staff with her personal care and she said the care workers were very nice, caring and sensitive. They spoke with her and told her what they were doing. One relative stated that care workers and one of the directors were helpful, nice and friendly. This relative gave an example of the home being proactive. The bed wasn't comfortable when their relative first moved in, however, they were allowed to bring their relative's own bed. Their mother was very happy about it.

We observed that there were good interactions between care workers and people. Care workers were friendly, helpful, calm and attentive. This would help with people with dementia. The home had a pleasant atmosphere and it felt warm and comfortable. Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. We saw staff knocked on people's bedroom doors and waited for the person to respond before entering.

People were supported to maintain relationships with family and friends. This was confirmed by people. We also spoke with two relatives who stated that people were well cared for.

Meetings had been held where people could express their views and be informed of any changes affecting the running of the home. We saw the minutes of these meetings.

Care plans included information that showed people had been consulted about their individual needs including the preferred gender of their carer, their spiritual and cultural needs. People informed us care workers were responsive towards them. Care workers we spoke with were knowledgeable regarding people's preferences. They had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background.

Each person had their own room. The bedrooms were well-furnished and had been personalised with people's own ornaments and belongings according to their preference. The bedroom doors had photos of people but often the only other thing was a handwritten piece of paper with the service user's name. The names were too small to be read by some older people. More could be done to personalise people's room doors with more photos and reminders of personal matters about the service users. The registered manager stated that she would look into improving the items mentioned and do this in consultation with people and their relatives. There was a well maintained garden on the ground floor and people had direct access to it.

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and staff were responsive to their needs. They stated that there was a variety of activities in the home. One person told us there were quite a few activities and named the activities person. She said she enjoyed the quizzes. She made reference to the clothes show held. She explained what happened. People dressed up, there was a compere who announced each person and what they were wearing. Another person said that they were bored quite a lot. However, this person said they had visitors and they went out shopping and to church each week. One relative stated that they were happy with the care and activities provided for their relative living in the home.

The care needs of people had been carefully assessed. These assessments included information about a range of needs including those related to the premises, mobility, mental health, skin condition and communication needs. Care plans were then prepared by care workers. People and their representatives were involved in planning their care and support. Care records contained photos of people. Care plans including night care plans were prepared with the involvement of people and their representatives. Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of people.

We discussed the care of a person with repeated falls. We noted that there was a risk assessment in place. The assistant manager informed us that this person had been referred to their GP so that a referral can be made to the falls clinic. Documented evidence was provided. However, the referral to the falls clinic had still not been made by the GP. The registered manager and assistant manager informed us that they would remind the GP of this. In the meantime, action had been taken to move this person to a bedroom where the toilet was nearer to the bed so that risk of falls could be reduced. In addition, the toilet light was left on during the night. A sensory mat was used to alert staff and staff had been instructed to closely monitor this person. We were informed that the incidence of falls had been reduced.

The choices and preferences of people were noted by care workers. Care workers gave us an example where a person who was used to having his meals late because of his previous occupation could continue to do so in the home. We noted that some people chose to have their breakfast in their bedrooms and their wishes had been responded to. A second person loved cats and the registered manager informed us that this person had requested that the cat's bed and food tray be moved closer to their room. This was done by care workers and the person concerned was very pleased. The registered manager informed us that she had received approval from the company to purchase a radio for someone whose radio had broken down as the person concerned loved listening to the radio. We were also informed by the assistant manager that two people who used the service requested special beds to ensure their safety and this was provided.

Reviews of care had been arranged with people, their relatives and professionals involved to discuss people's progress. People's relatives confirmed that they had been involved in these reviews. We saw records of monthly reviews.

There was a programme of activities. We observed that on the afternoon of inspection. There were activities

sessions in progress with two volunteers. The first session was a session regarding the Bible. This was followed by a reminiscence session about pets and then a quiz. There was a tea break in between. Fifteen people took part in the activities and most involved themselves. Care workers helped people by making encouraging comments. We noticed that four people did not involve themselves. Care workers were observed to be going to them to check they were alright and this included checking on a person who became unsettled. We discussed with the assistant manager the need for activities targeted for people whose dementia may be more advanced. The assistant manager stated that she would look into the matter.

The home had a complaints procedure which was displayed near the entrance of the home. People informed us that they knew how to complain. Two complaints had been recorded since the last inspection. These had been promptly responded to. Care workers knew they needed to report all complaints to the registered manager so that they can be documented and followed up. One person told us that at the end of the day they regularly went to their bedroom later than they wanted to. This was discussed with the assistant manager who stated that this matter had been discussed at a meeting with people. The assistant manager and registered manager informed us of their action plan and this included having a rotation system for those wanting to go to bed.

The home kept a record of compliments received. They included the following:

"I love all the kind and homely things you do for us. This is home."

"I wish to thank you all for your kindness and care given to my dad."

"You were so kind to my mum, again, a big thank you."

Is the service well-led?

Our findings

People expressed confidence in the management of the home. One person said, "The manager has got a handle on things. If something needs to be done, they do it." Another person told us they were very happy. This person said the manager was very good and referred to being able to see her in the office from her seat. This person added that the staff aimed to please and they ask what they can do to help. She referred to a very nice atmosphere at the home and knowing that the place was right from the start. A relative stated that they compared their experiences at other care homes with Whitchurch Lodge and considered it to be much better.

One social care professional who visited the home recently provided positive feedback regarding the management of the home and indicated that management were making progress at improving the care provided for people and responded promptly to deficiencies noted.

At our last inspection the service was in breach of Regulation 17 Good Governance. This service did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service. At this inspection the service had the necessary checks and audits for ensuring quality care. Audits and checks of the service had been carried out by the registered manager and a director of the company. These were carried out monthly and included checks on care documentation, cleanliness, fire safety, medicines, and maintenance of the home. Evidence of these was provided.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

The home had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Care plans were up to date and well maintained.

The home carried out a satisfaction survey in the previous year. The registered manager informed us that the feedback from people was positive. However, there was no written analysis or action plan following this survey.

We recommend that the service have a written report following the survey together with an action plan in response to suggestions made. This is needed to evidence that the service had responded appropriately. We have made a recommendation in respect of this.

The home had a clear management structure. The registered manager was supported by an assistant manager, three deputy managers, three duty managers and an accountant. A director of the company visited the home at least once a week to support the registered manager. There was a system for ensuring effective communication among care workers. The home had a communication book which was used for

passing on important information such as appointments and duties for care workers. Care workers informed us that there were meetings where they regularly discussed the care of people and the management of the home. The minutes of these meetings were seen by us. Care workers stated that their managers were approachable and listened to their views. They stated that they worked well together.