

Quality Care Homes Limited

Whitelodge Care Home

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 24 May 2017 and was unannounced. Whitelodge Care Home is located near the borders of both the City of Bristol and South Gloucestershire and is registered to accommodate up to 21 older people. There were 20 people in residence when we visited. All bedrooms are for single occupancy. The home is accessible to those people with mobility impairments. There is a passenger lift and stair lifts in situ.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe. Any risks to people's health and welfare were well managed in order to mitigate the risk. Safe recruitment procedures were followed to ensure unsuitable staff were not employed. Staff received safeguarding adults training and knew what their responsibilities were if bad practice was witnessed, alleged or suspected. The appropriate steps were in place to protect people from being harmed.

The premises were well maintained and all maintenance checks were completed. The management of medicines was safe and people received their medicines as prescribed. The registered manager ensured staffing levels were sufficient to meet the care and support needs of each person in residence.

All staff had a programme of mandatory training and refresher training to complete. New staff had an induction training programme to complete at the start of their employment. Care staff were supported to complete nationally recognised qualifications in health and social care. The staff team were well supported to do their jobs.

People were encouraged to make their own choices and decisions and to remain as independent as possible. Staff asked people to consent before they provided care and support. When people lacked the capacity to make decisions, best interest decisions were made involving healthcare professionals. We found the service to be aware of the principles of the Deprivation of Liberty Safeguards. They had acted accordingly when there was a need.

People were provided with well-balanced and nutritious meals and sufficient fluids. They were encouraged to make suggestions about meal choices. Each person was registered with a local GP and arrangements were made for people to see their GP and other healthcare professionals as and when they needed to.

The staff employed at Whitelodge Care Home were kind and caring towards the people they were looking after. On the whole their interactions with people were friendly and meaningful but we did discuss with the registered manager the competency and approach of one staff member. People were able to participate in a range of different activities.

People and their families where appropriate, were involved in devising their care plans and making

decisions about how they were looked after. Their care plan was regularly reviewed to ensure it remained a true reflection of their care and support needs. Staff listened to what people had to say about the things that affected their daily life and how the service was run.

'Resident' meetings were held on a two monthly basis and enabled people to express their views and make suggestions about how things could be done differently. Staff meetings were also held every two months. There was a regular of audits and checks in place in order to monitor the quality and safety of the service. These checks enabled the provider and registered manager to identify any shortfalls and to make improvements.

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 safe and staff were aware of their responsibilities to safeguard people and to report any concerns. Safe recruitment procedures ensured only suitable staff were employed.

The number of staff on duty ensured people's care and support needs could be met.

Medicines were well managed.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Whitelodge Care Home

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 was 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 an up to date rating for the service under the Care Act 2014.

The inspection was unannounced and was undertaken by one adult social care inspector. At the last inspection in May 2015 we found one breach of the regulations. This was because the provider had failed to ensure that each person's care needs had been fully assessed in order to ensure safe care and treatment was provided. We have checked to ensure the provider has made the required improvements during this inspection.

Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we spoke with nine people living in Whitelodge Care Home and two relatives. Because not every person was able to tell us about their experience of living at Whitelodge Care Home we undertook a short period of SOFI (a short observational framework for inspection). This enabled us to look at how the staff interacted with people they were looking after and showed us how their needs were met. We received feedback from two health and social professionals who were familiar with the service and have incorporated their feedback in to the body of the report. We spoke with the registered manager, and four other members of the staff team.

We looked at four people's care files and other records relating to their care and the running of the home. These included staff rotas, training records, policies and procedures, audits, quality assurance reports and minutes of meetings.

Is the service safe?

Our findings

People said they were safe at Whitelodge Care Home. They said, "The girls look out for me and always make sure I am steady before walking", "I don't have to worry about a thing here" and "I was always worried about falling so didn't walk unless I really had to. The staff are around here and that makes me feel more confident to walk around". Relatives said, "I have absolutely no concerns about the safety of my mother" and "Mum is in safe hands here. As a family we could not want for more".

Staff ensured people were kept safe. They said they did not use any moving and handling equipment (hoists or stand-aids) until they had completed moving and handling training. The registered manager was qualified to instruct the care staff on moving and handling techniques and to assess people's moving and handling needs.

Staff completed safeguarding training as part of the mandatory training programme and then did refresher training in order to remain up to date. Those staff we spoke with knew about the different types of abuse and how to report any concerns they may have about the safety and welfare of people. Staff told us they would report any concerns to the registered manager or the deputy. Information was displayed in the main entrance detailing how people living at the service, relatives and staff can report any concerns they may have. The service had raised four alerts with the local authority in the last year. On each occasion the safeguarding team had been satisfied with the actions taken to prevent further concerns.

There were safe and effective recruitment and selection processes in place. Pre-employment checks included a disclosure and barring check (a DBS) and at least two written references. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. The measures in place ensured unsuitable staff were not employed at the service.

When we visited in May 2015, we found that one person's care file had incomplete risk assessments and there was potential for them to be harmed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager and provider have taken the correct action to rectify this breach. Any risks in respect of moving and handling tasks, nutrition, the likelihood of falls, and pressure damage to skin were assessed as part of the care planning process. Where risks were identified care plans were devised to either eliminate or reduce the level of risk. Where a person needed support moving or transferring from one place to another their mobility plan detailed the equipment required and the number of care staff required to undertake any task. The service also had generic risk assessments in place covering aspects of daily life, for example, bathing and management of medicines.

People were looked after in a safe environment and the premises were well maintained. The home was clean and tidy and fresh smelling. Any repairs were reported to the maintenance team and records evidenced these were attended to in a timely manner. The maintenance members of staff had a programme of fire safety, water and equipment checks to complete on a daily, weekly and monthly basis. Servicing and maintenance contracts were in place for all equipment. There was a fire risk assessment in place for the

home. Although this had been reviewed on a yearly basis by the registered manager we would recommend that a re-assessment be undertaken. This was because the assessment has been undertaken in 2012. Personal emergency evacuation plans (referred to as PEEPs) were in place for each person. Practice fire drills were scheduled on a two to three monthly basis to ensure the staff team knew what to do in the event of a fire.

The registered manager arranged the staffing levels per shift based upon people's care and support needs. At the time of the inspection, there were three care staff on duty for the morning and afternoon shifts plus the registered manager, deputy or senior carer. Staff thought the staffing levels were sufficient and they were able to do their jobs well. The care team were supported by the housekeeping, catering and maintenance staff to meet people's daily living needs.

The arrangements in place for the management of medicines were safe. The procedures for ordering new supplies, receipt of medicines into the home and the storage and disposal of any medicines were in line with good practice. Those medicines requiring additional secure storage were stored correctly. Records were kept of stock levels. In October 2016, a pharmacy inspection had been undertaken by South Gloucestershire NHS and everything was found to be in order. Medicines were only administered by staff members who had completed safe medicine administration training and their competency was rechecked regularly to ensure they remained safe and followed good practice.

Is the service effective?

Our findings

People said they received the care and support they needed. Comments included, "I get all the help I need", "This is a good place and I am very well looked after" and "I cannot get in to the bath on my own anymore and the girls help me". One relative told us, "We are very happy with Mum's care. This is a very welcoming and homely home".

Staff received training to do their jobs effectively. New staff had an induction training programme to complete and this was in line with the Care Certificate, training for new-to-care staff. Mandatory and refresher training for all staff included moving and handling, fire safety, safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene, infection control and first aid. Examples of other training the team had completed included medication administration, dementia care, diabetes and nutrition, pressure area care and end of life/palliative care. Staff described the training as "good". All care staff were expected to undertake health and social care qualifications. At the time of our inspection 10 care staff had achieved a level two qualification in care and four had a level three. Others were working towards levels two, three and five. The deputy manager had level five and the registered manager had achieved a level four in leadership and management.

All staff received regular supervision from either the registered manager or the deputy. Supervision meetings were scheduled for the whole year. We saw evidence of group supervisions and also individual face to face supervision meetings. All staff also had an annual appraisal of their work performance with the registered manager. The deputy, the senior team leader and the senior care assistant often worked with care staff to monitor their work performance.

People's ability to make decisions about daily activities and their mental capacity was assessed as part of the overall assessment and care planning process. The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment. At the time of the inspection there were two DoLS authorisations in place. The registered manager had systems in place to monitor the authorisations, knew when they expired and who represented the person.

Staff supported people to make choices and decisions. We heard staff asking people for their consent before offering help. At lunchtime, people were asked if they needed help cutting up their food, where they wanted to sit and if they wanted an apron to protect their clothes.

People were provided with a well balanced diet and sufficient drinks throughout the day. The main meal of the day was provided at lunch time. Whilst people were not offered a choice of hot meals at lunch they were offered an alternative if the planned meal was not to their liking. Each Tuesday the midday hot meal provided was 'Residents Choice' and each person had a turn at making that choice. The kitchen staff were informed about people's likes, dislikes and preferences, medical conditions such as diabetes, swallowing difficulties and food allergies. Where there were concerns about a person's body weight, high calorie

supplement drinks were given.

People said they enjoyed the meals they were given. One healthcare professional told us the food always smelt and looked good when they visited. One relative said they had joined their mother for a meal at Christmas time and it was "excellent". We noted that the majority of people ate their lunch time meal in either of the two dining rooms. In one of the lounge/dining rooms the television remained on and was set at quite a high volume. Morning coffee and afternoon tea, with homemade cake and other snacks was served each day. Staff told us they were able to serve snacks during the night. Supplies of fresh fruit were available in the lounges and we were told people were given fruit to keep in their bedrooms if they wanted. At the time of this inspection, each person was able to eat their meals independently. However, for one person who was registered as blind, it would have been helpful if the staff member had talked to them about the meal and where the different food items were on the plate. Other care staff had a helpful approach with the person.

People were registered with local GP services. The registered manager said arrangements were made for GPs to visit as and when people's health needs required review. District nurses visited those people with nursing care needs for example, wound care and injections. One healthcare professional said, "Any instructions we leave for the care staff are followed. People are well looked after here". Another healthcare professional said the staff contacted them appropriately when a person needed to see a GP or for advice. People were also supported to see foot care professionals, opticians, occupational therapists and physiotherapists as and when necessary. People were supported to make any necessary arrangements to attend healthcare appointments.

Is the service caring?

Our findings

People said, "This is a good home and everyone is very kind to me", "I like it here, I am very happy", "I have lived here two years and this is my home. I am very well looked after and the girls are polite and kind to me" and "Everyone is very pleasant". Relatives were also very complimentary about Whitelodge Care Home. They said, "It is very homely and suits mum's needs" and "The staff are amazing, very friendly and welcoming. They are very kind to both mum and me". One healthcare professional told us the staff were always friendly and helpful and engaged well with them. Another healthcare professional told us the staff were always polite and courteous to them as well as to the people who lived at Whitelodge.

Staff spoke nicely about the people they looked after and knew them well. During the inspection we noted that all but one member of staff had positive interactions with people. We discussed the approach of one member of staff towards people with the registered manager who assured us that a supervision meeting would take place imminently. The deputy had in actual fact already picked up on some concerns and was dealing with the situation. We found that care staff responded quickly to people's needs in a sensitive and dignified way.

The registered manager kept a register of any complimentary letters and cards received. These contained many positive comments about the care received by a loved one. For example, "The staff are really kind and nothing is too much possible", "We are impressed and think the end of life plan is very good", "The manager has been amazing, offering help and support to get the placement arranged" and "Amazing, so friendly and caring". The registered manager also maintained a record of feedback from health and social care professionals.

People's privacy and dignity was on the whole maintained. We spoke with the registered manager and the deputy about the approach one member of staff. We saw the staff knock on people's bedroom doors before entering. Their bedroom doors and the doors into bathrooms and toilets were closed when people were receiving care.

People were involved in making decisions about the care and support they received and developing their care plan. Their views and preferences were always taken into account. They were asked what name they preferred to be called and what things were important to them. This information was incorporated into their care plans. Their end of life care wishes were recorded along with any other choices and wishes.

The service strived to continue looking after people when they had reached the end of their life and were dying. The deputy was the provider's trainer in 'end of life care' and told us they were passionate about getting care right for people. They had links with the local hospice service and had attended training sessions there. The service worked with the person's GP, district nursing services and families in order to provide the care and support the person needed.

Is the service responsive?

Our findings

People and relatives we spoke with were positive about the service and said it was responsive to individual's needs. Relatives said, "They look after mum just the way she likes" and "No concerns at all mum is very content. If I had any concerns I would not hesitate in raising them". People said, "Very comfortable here, cannot fault a thing" and "The staff help me have a bath and are always around to help for other things".

The staff team ensured each person received the specific help and support they needed and was detailed on their care plans. The staff were knowledgeable about different people's likes and dislikes.

Pre-admission assessments were completed before people were admitted to the service and were generally undertaken by the registered manager. Offer of a placement in the home would not be made if the staff team did not have the required skills and any specific equipment (hoists or specialist beds) was not available. The service offered placement to people who were living with early stage dementia and would continue to look after them for as long as possible. The pre-admission assessments covered all aspects of the person's daily life and the information was used to write the person's care plan.

The care plans were written in conjunction with the person, their relatives and other information was gathered from any health and social care professionals involved in the person's care. Care plans covered the person's personal care needs, mobility, nutrition, continence, skin integrity and where appropriate, end of life care needs. Plans provided sufficient details to instruct the care staff on how the person's care and support needs were to be met. Care plans were reviewed and updated where needed on a monthly basis. The plans were person centred and had been written in consultation with the person or their family. Examples included. 'likes her own pot of tea in the mornings' and ' likes her teddy bears placed on her bed'.

An activities organiser was employed and worked with people five days a week (not Wednesdays or Saturdays). Social activities were organised and these included singing and music, arts and crafts, memory sessions, baking, quizzes and board games. Parties were arranged for birthdays, Halloween, Christmas and Easter with a summer fete. In April 2017 the service had held a cheese and wine evening and last year there had been an outing to Bristol Zoo. A copy of the activities programme for the week was posted on the noticeboard in the entrance hall. A hairdresser visited weekly. One relative said, "Mum does not want to take part in the activities but always likes to go downstairs and have her hair done".

The service produced a newsletter and this was given to each person and their families. These gave details about up and coming events, people's birthdays and any 'Whitelodge' news. 'Resident' meetings were held every other month. The notes of the last meeting held in March 2017 showed there had been discussions around food and drinks, party arrangements and suggestions for days out. The next meeting was scheduled at the end of May 2017.

The provider had a complaints policy and procedure and this was displayed in the entrance hall. The complaints procedure states that any complaints will be acknowledged within three days and responded to within 28 days. People and relatives we spoke with all felt able to raise any concerns they may have and felt they would be listened to. They said, "No grumbles from me but I would tell them if I did", "I would raise any concerns but I don't have any" and "No complaints but I would say if there was something I was unhappy

about". The registered manager had recorded five complaints throughout 2016 and none in 2017. For each of the complaints it was evident that each had been responded to and action taken to make improvements. CQC had not received any complaints about this service.

Is the service well-led?

Our findings

The registered manager has been in post for over three years and the deputy has worked at the home for eight years, starting as a care assistant, then promoted to senior and then deputy. They led a team of senior care staff and care staff. There were also housekeeping, catering and maintenance staff employed in order to meet people's daily living needs. The deputy, senior team leader and the senior worked care shifts plus they had supernumerary hours to complete care plan reviews and staff supervisions.

People and relatives were all complimentary about the service provided by Whitelodge and felt there was good management and leadership in place. They said the home was homely and the senior staff set a good example. The registered manager's office was central in the home therefore they were visible and accessible. People were asked for their opinion about the service and encouraged to make suggestions about things in their daily life they wanted done differently.

Staff had confidence in the registered manager and the senior members of staff and felt they could speak up if they had any concerns or suggestions. They said they would recommend the home to friends and family, to work in and to live in.

A 'resident's' survey and a relative's survey had been used at the end of 2016 to gather views from people and their families. They were asked about the meals, activities, the staff team, the laundry arrangements and the staffing levels. Of the responses 75% of people were very positive about the service whilst 25% were satisfied.

The provider had a programme of audits and checks in place to check on the quality and safety of the service. Some were done on a weekly basis, whilst others were monthly or less often. These included, health and safety checks on the building on a two monthly basis, the fire safety checks weekly and monthly, daily checks of the medicines administration records and audits of care documentation. The information gathered in these processes was used to influence any improvements the service needed to make. During the inspection, the registered manager was checking the standard of recording on food and fluid charts as part of the audit programme and discussed with the deputy where improvements were needed. The registered manager had a 'home's action plan' in place. This showed a programme of decorating and re-painting in order to keep the premises up together.

Any complaints received, falls, accidents and incidents that happened in the service were recorded and analysed by the registered manager and provider. They used the opportunity to identify any changes they could make to prevent or reduce a reoccurrence.

Staff meetings were held on a two monthly basis with the last meeting being held in April 2017. Discussions had been around the 'policy of the month', trips and activities, night staff duties and staff supervision. The registered manager explained that every other staff meeting was a group supervision for the staff team. We also saw the notes from meetings held with the kitchen staff, the senior staff team and the managers meetings. The registered manager attended quarterly meetings with the provider and managers from their

other care home.

The registered manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the home and which the service is required by law to tell us about. In the last 12 months, notifications had been submitted in respects of expected deaths, falls and injuries and deprivation of liberty authorisations.

The registered manager attended care provider forums in Bristol, Bath and North East Somerset and South Gloucestershire in order to keep up to date with best practice. They attended any training that was offered. Examples of training attended so far included employment law and prevention of pressure damage. On 27 June 2017 the registered manager is attending the forum where they will be looking at 'key issues affecting care homes'.