

Barchester Healthcare Homes Limited

The White Lodge

Inspection report

Braydon
Swindon
Wiltshire
SN5 0AD

Tel: 01666860381
Website: www.barchester.com

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: The White Lodge is registered to provide accommodation for up to 80 older people who require nursing or personal care, some of whom may be living with dementia. At the time of our visit 51 people were using the service. The home is situated over three floors. There were communal lounges and dining areas on each floor with a central kitchen and laundry.

People's experience of using this service: At our last comprehensive inspection in August 2018, we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with two warning notices. This was because the registered person failed to provide care and treatment in a safe way and the registered person failed to assess, monitor and improve the quality and safety of the services provided.

We issued a fixed penalty notice for a breach of the Care Quality Commission (Registration) Regulations 2009, Regulation 18 Notification of other incidents.

We also wrote to the provider to ask them what immediate action they would take to make the necessary improvements to meet the legal requirements. The provider sent us an action plan stating what action they were taking and by what date the action would be completed.

During this inspection we found that the provider had made the required improvements.

Most people and relatives we spoke with said the service was improving. People told us they felt safe and said the staff were caring.

Rating at last inspection: Requires improvement (report published September 2018 and updated in January 2019 with details of our enforcement action). At this inspection the overall rating has remained the same. They were no longer in breach of the Regulations, but continued and sustained improvement was required.

Why we inspected: We undertook this focussed inspection to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to the question Is the service safe? and Is the service well-led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The White Lodge on our website at www.cqc.org.uk

Follow up: We will monitor all intelligence received about the service to inform when the next inspection should take place.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

The White Lodge

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The White Lodge is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection took place on 27 March 2019 and was unannounced.

What we did:

Prior to the inspection we reviewed all the information we hold about the service. This included notifications sent to us by the provider and action plans the provider sent us following the last inspection. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with six people and three relatives to gather views about the care they received. We spoke with the registered general manager, the deputy manager, the acting general manager and the senior regional director. We also spoke with eight members of staff. We looked at six people's care plans and checked a range of records about how the service was run.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At the last inspection in August 2018 we identified the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person failed to provide care and treatment in a safe way. Risks to service user's health and safety were not always assessed and the registered person failed to do all that is reasonably practicable to mitigate any such risks. As a result of our concerns we served a warning notice on the provider which said they needed to take action to comply with the requirements of Regulation 12 by 21 December 2018.
- At this inspection we found the provider had taken the immediate action necessary and improvements had been made. The provider was no longer in breach of this regulation. However, more time was required to ensure these improvements were embedded and sustained in the longer term.
- Care plans contained appropriate risk assessments which kept people safe whilst maximising their independence. We saw amongst others, risk assessments for pressure ulcers, choking, malnutrition and falls.
- Where risks had been identified, for example falls, we saw they had all been recorded accurately as an accident or incident and on the person's falls history monitoring chart. Actions to minimise the risk of falls were documented with guidance for staff. Examples included, an increase of hourly observations, the use of sensor mats to alert staff and referrals to the falls clinic. We checked and found sensor mats were in place in people's rooms where this had been documented as an action.
- Peoples care plans contained personal emergency evacuation plans (PEEP's) and the directions for staff were clear, concise and personalised. PEEP's were also kept in the red emergency evacuation bag for the emergency services.
- Accidents and incidents were accurately recorded and a new electronic risk tracker system was in place. Senior management had oversight of risks which meant they could analyse, reflect and review the quality of the actions. Findings were shared with the staff team. We saw that recordings and documentation were cross referenced and care plans had been changed as a result of the findings.

Staffing and recruitment

- At the last inspection in August 2018 we identified the service was not meeting Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person failed to deploy sufficient numbers of staff to meet people's care and treatment needs. We told the provider they needed to take action to comply with the requirements of Regulation 18. They sent us an action plan stating what action they were taking and by what date the action would be completed.
- At this inspection we found the provider had taken the immediate action necessary and improvements had been made. The provider was no longer in breach of this regulation. However, more time was required to

ensure these improvements were embedded and sustained in the longer term.

- There were sufficient staff to meet people's needs according to the provider's dependency tool (DICE) across all three floors. The dependency tool was reviewed with new admissions and when people's needs changed. Senior managers had daily oversight of the dependency tool figures to monitor its effectiveness. Rota's were developed from the dependency tool figures. We observed sufficient numbers of staff during our inspection.
- Agency hours had significantly reduced and recruitment of permanent staff was on-going. The service was inducting two night staff and several day staff at the time of the inspection.
- Inductions lasted three days followed by two weeks of shadowing more experienced staff and a three-month probationary period.
- The deputy manager told us they had recruited good quality staff who were competent and staffing had improved since January 2019. They had no current issues with retaining staff.
- The service had a good relationship with their staffing agency and tried to employ the same agency staff for consistency, but were working towards a 'zero agency culture'. They also had a bank of staff and were introducing a rota system to offer more varied and family friendly hours for staff to encourage retention.
- Staff had been recruited safely. References, identity and Disclosure and Barring Service checks had been carried out. These checks identified if staff were of good character and were suitable to work with vulnerable people.
- People and their relatives told us they were happy with the staffing levels. Comments included, "Yes, to be honest there is always staff about and they're fantastic" and "They come very quickly, within 5-10 seconds" and "I think there's always plenty of staff here and they're always here on hand they are very good if we call them, they are here straight away."

Using medicines safely

- Medicines were administered, stored and managed safely.
- There were suitable arrangements in place for storing and recording medicines that required extra security and access to medicines was restricted to authorised staff.
- The home had appropriate protocols in place for managing 'as required' medicines and 'homely remedies' such as cough linctus. Dates were recorded on bottles and there were regular recordings of fridge temperatures.
- People's room records had details of prescribed creams with corresponding body charts for accurate application.
- People told us they received their medicines on time and could ask for pain relief when they needed it.

Preventing and controlling infection

- The home was clean, tidy and free from any malodours.
- People were protected from the risks of infection. Staff told us they had received training in infection control and we observed personal protective equipment, hand gels and paper towels in place.
- People's rooms were cleaned regularly, communal areas were clean and toilet areas fresh.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at The White Lodge. Relatives told us they felt their family member was safe.
- There were effective safeguarding systems in place. The staff we spoke with were knowledgeable and had the confidence to identify safeguarding concerns and act on them to protect people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection in August 2018 we identified the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person failed to assess, monitor and improve the quality and safety of the services provided. Risks were not always assessed and monitored to mitigate such risks to ensure the safety and welfare of service users. Service user records were not always up to date and accurate. Audit and governance systems were not always effective. As a result of our concerns we served a warning notice on the provider which said they needed to take action to comply with the requirements of Regulation 17, by 21 December 2018.
- At this inspection we found the provider had taken the immediate action necessary and improvements had been made. The provider was no longer in breach of this regulation. However, more time was required to ensure these improvements were embedded and sustained in the longer term.
- The provider had quality assurance processes in place with several levels of oversight checks. Care plans and systems were audited and monitored and changes actioned through the provider's 'central action plan' (CAP).
- Since our last inspection, there was a full internal quality control audit carried out by the providers Quality Improvement Specialists (QIS) every four months. Areas audited included, lifestyle and home environment, kitchen and laundry, health and safety and care planning.
- The provider's 'resident of the day' system where one person's care records were fully reviewed and amended, had been implemented consistently. This meant people's care records were accurate and up to date.
- At the last inspection in August 2018 we identified the service was not meeting Regulation 18 Registration Regulations 2009. This was because the registered person failed to notify the Commission without delay, of other incidents. The provider was served with a fixed penalty notice on 11 October 2018.
- At this inspection we found the provider had taken the immediate action necessary and improvements had been made. The provider was no longer in breach of this regulation. However, more time was required to ensure these improvements were embedded and sustained in the longer term.
- The provider had submitted Notifications appropriately.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the last inspection in August 2018 we identified the service was not meeting Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person

failed to have effective and accessible systems in place for identifying, receiving, recording, handling and responding to complaints. We told the provider they needed to take action to comply with the requirements of Regulation 16. They sent us an action plan stating what action they were taking and by what date the action would be completed.

- At this inspection we found the provider had taken the immediate action necessary and improvements had been made. The provider was no longer in breach of this regulation. However, more time was required to ensure these improvements were embedded and sustained in the longer term.
- The providers complaints policy had been reviewed and signed as read by all members of staff. A complaints folder was on each floor and staff were empowered to take ownership of a complaint made to them in order to remedy the concern quickly. This was recorded and submitted to the registered general manager.
- The registered general manager had oversight of all complaints made and responded accordingly with a written response. Actions were discussed at staff supervision, heads of department and clinical governance meetings for staff to disseminate information across the staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Team meetings were now well attended and information disseminated to the whole staff team. Staff told us they thought the new manager had the right combination of approachability and firm judgement. One staff member said, "The staff are determined to change and be proud of their home." They believed it would be, "A continuous improvement journey but heading in right direction."
- Relatives meetings had just begun and the last one covered relatives concerns about staffing, the previous high turnover of managers and home issues such as housekeeping and activities. Relatives would be regularly informed of meeting dates and communication was to be improved.

Continuous learning and improving care

- The staff we spoke with told us they felt more supported with the new management team and were optimistic the home was improving. The general manager and staff team were also supported by the provider's regulation, hospitality, dementia care and health and safety teams who regularly offered advice and guidance.
- The management team told us they had a vision of sustainability for The White Lodge. They wanted to ensure, "High quality solid progress throughout the home and staff culture rather than a quick fix."

Working in partnership with others

- The registered general manager and clinical governance team had regular meetings with the local authorities of Swindon and Wiltshire and clinical commissioning groups.
- People's care records confirmed the variety of health and social care professionals involved in the multi-disciplinary team of support. This included, specialist speech and language therapists, dieticians, specialist mental health teams and tissue viability nurses.