

South Coast Nursing Homes Limited

White Lodge Residential Home

Inspection report

Westfield Avenue South Strand
East Preston
West Sussex
BN16 1PN

Tel: 01903784415

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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

About the service:

White Lodge is a residential care home. The home is registered for up to 30 older people living with dementia or frailty. There were 25 people living at the home at the time of inspection. People had access to a communal lounge, a dining area and landscaped gardens. People each had their own bedrooms with en-suites.

People's experience of using this service:

- People were safe from the risk of abuse and other identified risks relating to them. Staff had a good understanding of safeguarding people from potential abuse. One relative told us, "Mum has been here for two and a half years and I feel she is safe at all times. The staff are excellent, and somebody is always available especially if people are unwell. Mum has recently been in hospital and she had more night checks from staff on her return."
- The home was clean and people were protected from infection risks.
- Staffing levels met people's needs and staff were suitable to work with people.
- People received effective care from skilled, supported and knowledgeable staff. Staff received training to support people's specific needs.
- People were supported to maintain a balanced diet and were positive about the food provided.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People received kind and compassionate care. A person told us, "People are very kind to me here and we are well looked after."
- People's privacy and dignity were respected and their views listened to.
- People received person centred care that was specific to their needs. Activities were tailored to meet people's interests.
- There was a complaints procedure in place which was accessible to people.
- People were supported with compassionate end of life care.
- People, staff, relatives and professionals spoke positively of the management of the home. There were a range of audits in place which supported the registered manager to drive improvements to the care people received.
- People were supported to be engaged in the running of the home and told us their feedback was acted upon.

Why we inspected:

This was a planned inspection based on the homes rating at the last inspection.

Follow up:

We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

White Lodge Residential Home

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 was undertaken by two inspectors and an expert by experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

Service and service type:

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

The home 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 was unannounced.

What we did:

Before the inspection:

- We used information, the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections
- We looked at information we held about the service including notifications they had made to us about important events.
- We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection:

- We spoke with seven people who lived at the home, the registered manager, a director, a healthcare professional, four members of staff and two relatives.
- We reviewed a range of records about people's care and how the service was managed. These included the individual care records for five people, medicine administration records for six people, three staff records, quality assurance audits, incident reports and other records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection on 20 December 2017, we asked provider to take action to make improvements to the documenting of risks to people and the monitoring of environmental risks. To ensure environmental hazards were identified quickly and people's safety was maintained. We found this action had been completed. The registered manager completed a range of environmental checks on a regular basis to ensure risks to people were identified and reduced.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and measures put in place to lessen these risks. One person was identified at being at risk of dehydration. Their risk assessment directed staff on how to lessen this risk and the person's fluid intake was monitored regularly. The person had regular access to fluid and there were jugs of squash available in communal areas.
- Environmental and fire related risks were assessed. People had up to date Personal Emergency Evacuation Plans (PEEP's) in place which ensured they would be safe exiting the building in an emergency.
- Environmental checks were completed regularly to reduce the risk to people from any identified environmental hazard. For example, one audit identified that lighting was not working in a corridor, this was actioned immediately and fixed the same day to reduce the risk of trips and falls for people.

Preventing and controlling infection

- Staff were aware of infection control risks and received training in this area. People lived in a clean and hygienic environment.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons, we observed these being used appropriately.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe. People felt confident in talking to staff should they have any concerns about their safety. One person told us, "I would talk to the Manager, but I don't have any worries about here as it's very safe."
- Staff had a good understanding of safeguarding and there were systems and processes in place to protect people from the risk of harm. For example, a safeguarding policy and procedure which was available to staff.
- Staff felt confident the registered manager would act on their concerns and, if their concerns were urgent, they knew how to raise them with the local safeguarding team. One member of staff told us, "The manager takes all concerns seriously, we work together to make sure people are safe."

Staffing and recruitment

- Recruitment processes were robust and ensured staff were safe to work with people before they started working at the home.
- There were sufficient numbers of staff to meet people's needs. We observed people receiving care in a timely way. A relative told us, "They have a very stable staff team and the manager and deputy are excellent and if there is a problem somebody is always available."

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff who administered medicines were trained and had regular competency checks which supported their practice to remain safe.
- The registered manager had implemented a countersign system where another trained member of staff checked that all medicine had been administered following each medicine round. A member of staff told us this had significantly reduced the number of medicine errors and it provided an additional safeguard when administering medicines to people.

Learning lessons when things go wrong

- Accident and incidents were managed safely and lessons learned to improve the care people received.
- The registered manager analysed incident reports to reduce the risk of a similar incident happening again. One person was living with Parkinson's disease and had experienced an increased number of falls. The registered manager reviewed these incidents and put in place measures such as a medicine review with the GP and provided a larger bedroom and bathroom so the person had more room to move safely. These measures had reduced the number of falls the person experienced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff with the skills and knowledge to deliver effective care and support. Staff received a range of training opportunities that met the specific needs of people living at the home. For example; staff received training in care planning for people with dementia to support person centred practice.
- New staff received a comprehensive induction which included training and shadowing senior members of staff. A member of staff told us, "My induction was very useful. I came here from a different sector and was really supported. I am sure I will still be working here until I retire."
- Staff felt supported in their role and received regular supervision and appraisal. A member of staff told us, "outside of formal supervision anyone can go to the manager at any time."

Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary of the meals provided. One person told us, "I enjoy all the food. I have no complaints. We have morning coffee and biscuits and afternoon tea as well as meals. We are very well provided for."
- People were supported to maintain a balanced diet. Staff were aware of people's likes and dislikes and respected people's choices. People could choose from a variety of options at meal times and drinks and snacks were readily available throughout the day.
- There was a sociable and relaxed atmosphere at lunchtime. People could have an alcoholic drink with their lunch should they wish and the dining area was bright and open. One person told us, "I like to socialise and it's a good time to catch up with others".
- Staff and the chef were aware of people's dietary needs. For example, three people were living with diabetes. The chef was aware of their needs and provided a healthy, low sugar diet for them.

Supporting people to live healthier lives, access healthcare services and support

- People's everyday health needs were well managed by the staff who accessed support from a range of health and social care professionals such as GP's, district nurses and social workers.
- People's health needs were supported in a timely way and staff were quick to act should people's needs change. For example, staff noticed that one person appeared pale and increasingly tired. They contacted their GP on the same day who reviewed their medicines and made a referral to the local hospital for tests. Staff supported the person to attend the hospital appointment and they were now receiving treatment to maintain their health.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well within their team and with other organisations to support people to receive timely care. For example, one person required a large amount of dental treatment. Staff supported the person to make and attend appointments. Staff told us the person's treatment and removed their discomfort and improved their confidence.
- A healthcare professional told us, "The staff work well with us and contact us appropriately should people need to be seen by us. They are knowledgeable and well trained."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed prior to them moving into the home and regularly thereafter. The assessment process involved meeting with the person, their relatives, if appropriate, and gaining information from relevant health and social care professionals.
- Protected characteristics under the Equality Act (2010), such as disability and religion were considered as part of people's initial assessment. For example, people's religious needs were assessed before they moved into the home and the registered manager arranged for a vicar to come in and visit people and staff supported one person to attend church weekly.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff had a good understanding of the MCA and had training in this area. People were asked consent before being supported. We observed staff offering people choices of what they would like to do before assisting them to do it.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals this is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager had submitted DoLS applications for two people to support their safety. These applications were decision specific to ensure outcomes for people were met in the least restrictive way.

Adapting service, design, decoration to meet people's needs

- People's needs were met by the design and adaptation of the building. People could freely access all areas of the home and there was pictorial signage to help people navigate their way.
- People's rooms were personalised with their furniture and personal possessions. People felt the home and their bedrooms were well maintained.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. We observed positive interactions between people and staff and it was evident staff knew people well.
- People told us they felt well cared for. One person told us, "The staff are very helpful, and kind and I am not at all worried living here."
- People were supported to maintain relationships with their family and friends and they were welcome at the home without restriction. We saw staff be friendly with people's relatives and include them in conversations with people. A relative told us, "I visit every day and am always made welcome and kept up to date."
- Staff responded quickly to people's needs and showed concern for their wellbeing and offered emotional support. For example, one person was worried about a recent change in their health needs. A member of staff told us, "We offer him time to talk and air his feelings, he feels better that we have supported him with appointments and he has a plan of action in place." The person's care plan guides staff to support their emotional wellbeing and offer them time to voice their concerns.
- People were supported to maintain their personal identity. People wore clothes that reflected their choices and personality. It was important for one person to have their hair and make up done daily and staff supported them with this, which maintained their dignity.

Supporting people to express their views and be involved in making decisions about their care

- People had access to information in a format which reduced barriers to communication. People's communication needs were assessed and guidance provided for staff to support their needs. For example, one person had hearing loss and required a hearing aid. Their care plan guided staff on how to support this need and their care records showed staff ensured their hearing aid was working daily, to aid their communication.
- People and their relatives, where appropriate, were supported to be involved in decisions about their care and given support to express their views. For example, people told us staff always asked them before supporting them with personal care and people directed staff on how they wanted their care to be delivered.
- People and their relatives could attend residents meeting to share their views. One person told us their feedback at these meetings was acted upon. For example, they suggested a mirror in the hallway so people could check to see how they looked before leaving the home to maintain their dignity. This feedback was acted upon and we saw the mirror be used by people.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. Some people enjoyed going for walks in the local area and staff encouraged this to maintain their independence. One person told us, "I go out each morning for a walk down to the sea and it takes about half an hour there and back." Staff knew the person's route and time it took them to monitor their safety without being restrictive. Their relative told us this approach by staff supported the person's wellbeing.
- People's mobility had been assessed and mobility aids were in place to support people's independence. We saw staff ensured people had access to these to enable them to move about the home independently.
- People's privacy and dignity was respected. We observed staff to respect people's wishes for privacy. People could spend time alone in their room if they chose to and could spend time as they wished. One person told us, "I get up and go to bed when I want, and staff help me when I need help. I try to be independent, but they are always there."
- The registered manager and staff understood the importance of confidentiality. People's records were kept securely in locked cabinets and on password protected computers.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their individual needs. People's care plans contained information about the person's life history, preferences and way in which they like to be supported. For example, one person's care plan said they liked to listen to classical music. We observed that staff put classical music on their radio in their room.
- Staff knew people well and people's preferences were respected. One person's care plan said they liked to go to bed late and wake up early, their care records showed that staff supported the person at their preferred time. The person told us, "The staff are very caring, and kind and I feel safe with them. I like my door shut at night, and I go to bed after the news at 11pm and get up at about 6.20. That's my choice."
- People had access to activities that met their interests and there was a varied activities programme. Some people at the home enjoyed gardening. The activities coordinators were creating a gardening club to support this interest. There had been a recent trip to the garden centre so people could choose plants and people told us they enjoyed this trip out.
- The registered manager demonstrated a good understanding of the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. People's individual communication needs had been assessed and people were provided with information in a format that met their needs. For example, one person living with dementia could not use a clock and was becoming confused about the day and night. The registered manager sourced a clock specifically designed for people living with dementia which has aided their understanding of time.
- People had access to technology to meet their needs. The provider and registered manager recognised the importance technology could have on people's access to resources, stimulation and engagement. We saw people have access to a television and the radio which they enjoyed. The provider had installed Wi-Fi to the home to support people to video call their families, which was used by many people.

Improving care quality in response to complaints or concerns

- The provider and registered manager ensured there were systems in place to deal with concerns and complaints. This procedure was readily available for people, relative and staff and the registered manager responded to complaints in a timely manner. For example, one person had made a complaint about the way another person had spoken to them. The registered manager spoke with the person about how they treat other people who live at the home. The person making the complaint was happy with this outcome.
- All the people and relatives we spoke with said they did not have any complaints about the service.

End of life care and support

- End of life care was considered and people's wishes were documented and known by staff. Staff respected people's beliefs and ensured they had the support they needed at the end of their life. For example, one person's wishes were documented in their care plan so staff would know what type of funeral they wanted.

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

At the last inspection on 20 December 2017, we asked the provider to take action to make improvements to ensure environmental risks to people were understood and reduced, quality assurance tools were imbedded in practice to drive improvements and documents to be well maintained and accessible.

At this inspection we found this action had been completed. The registered manager completed a range of environmental checks on a regular basis which supported people to remain safe. Quality assurance tools were imbedded in practice and the registered manager acted to drive improvements in a timely way. People's documents were well maintained, stored safely and were accessible to staff.

The service was consistently managed and well-led. Leaders and the culture they create promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- The culture of the home was positive and enabled people to live how they wanted to. There was a friendly and relaxed atmosphere within the home. One person told us, "I am lucky to live in such a pleasant place."
- The registered manager and provider understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and attended regular manager meetings organised by the provider to share best practice and learn from other managers.
- There were robust quality assurance systems and processes in place to assess, monitor and improve the quality of the service being delivered. Any issues identified during audits of the service were acted on in a timely way to drive improvements. For example, an environmental audit identified that water temperature checks had not been completed in some rooms to reduce the risk of scalding for some people. This was actioned immediately to improve the service people received.
- The provider completed regular quality assurance checks to support the registered manager to drive improvements at the home. The registered manager was complimentary of the support they received from the provider.

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

- Management of the home was effective and the registered manager understood the regulatory responsibilities of their role.
- People were complimentary of the registered manager and the staff team at the home. One person told us, "The manager comes to see if we are alright. She is very kind, and nothing is too much trouble for her."

The deputy manager is the same. They look after us well."

- Staff spoke of a positive working environment and staff morale was good. A member of staff told us, "There is an open culture where people can raise issues without criticism."
- Staff told us they felt well supported in their roles and were clear about their responsibilities. They were complimentary about the support they received from the registered manager. A member of staff said, "The manager is always available, supports us and gives good advice."

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

- People, staff and relatives were engaged and involved in the service provided. Daily feedback was sought through people's engagement with staff and through care reviews.
- People, their relatives and staff had access to a range of feedback opportunities such as; yearly surveys, meetings and had access to a suggestion box. This feedback was used to make improvements to the service people received. For example, relatives and people said, in a residents meeting, that the garden was not wheelchair friendly and there needed to be more protection for people during summer months. The provided acted on this and provided more umbrellas and work begins to improve accessibility this year.

Working in partnership with others

- Staff consistently worked in partnership with other organisations to ensure people's needs were met. The registered manager understood the importance of working in partnership to support people and drive improvements.
- A health care professional was complimentary of the management of the service and told us, "The manager is very professional and responsive to people's needs. I have been coming to the home for over 20 years and never had any concerns."