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	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 20 December 2017 and was unannounced.

White Lodge Residential Home 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. It provides accommodation, care and support for up to 30 older people, some of whom were living with dementia. At the time of our visit there were 26 people living at the home. The home does not provide nursing care. The accommodation was arranged over two floors with a lift for accessing each floor. The home offered single bedrooms with en-suite facilities. The communal areas included a lounge and a separate dining room set out in a restaurant style. The home had a well maintained garden and patio area. White Lodge Residential Home is situated in East Preston, West Sussex. The home is situated in a residential area close to the sea and local amenities.

At the previous inspection, the provider had failed to display the rating received following our inspection in 2014. The rating was now displayed in line with requirements.

The home did not have a registered manager in place as the registered manager had recently left the service. The acting manager was going through the process of registration. 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 felt safe at the service and there were appropriate procedures in place for identifying and responding to concerns of abuse. Staff were aware of their responsibilities in line with safeguarding policies and procedures.

People had their needs assessed and care plans were developed based on the outcome of the assessments however some of them required more detail about how staff should support the person. Environmental health and safety checks were not carried out regularly however equipment was checked regularly and serviced in line with the required frequencies.

We have made a recommendation about health and safety checks.

Staff recruitment procedures were not robust and the service had not adequately sought satisfactory references or obtained full employment histories for staff. There were enough staff to be able to meet the needs of people who used the service.
We made a recommendation about recruitment procedures.

Medicines were managed safely and the provider had procedures in place for that they were stored securely, administered in line with recommended guidance and recorded.

The premises were clean and free of any unpleasant odours and staff managed followed best practice guidance for cleaning the premises. Equipment was available to prevent the risk of the transfer of infection. The building was easily accessible for people with mobility problems and reasonable adjustments had been made for people who needed them. There was a lift in place to allow people to move freely between the two floors.

Care plans were developed ensuring that people's preferences and choices were reflected. Risks to people were identified and safety measures were put in place to control potential adverse situations. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff were given an induction when they started working at the service and were supported to access training required for their roles.

People were supported to maintain a balanced diet and were offered snacks and drinks throughout the day. People were given choices of meal options and staff were able to accommodate special dietary requirements.

People were able to access other healthcare services including GP's and chiropodists and guidance from healthcare professionals was reflected in people's care plans.

Staff spoke to people kindly and made effort to acknowledge people when they encountered them. There was a friendly and relaxed atmosphere throughout the home. People told us that they felt well cared for and relatives were complimentary about the care that their family members had received.

People were supported to engage in activities both inside and outside the home and were able to participate either in a group or a one to one basis.

People and their relatives knew how to raise concerns and the provider responded appropriately and sensitively to any concerns raised. Managers were acting on concerns and had made improvements to processes however they had not always been documented. It was difficult to locate some of the documents required during the inspection.

We made a recommendation about the accessibility of documents and quality assurance.

People were supported to prepare for the end of their life if they wanted to and their wishes and requirements were recorded. Staff were aware when people had Do Not Attempt Resuscitation (DNAR) orders in place.

Some of the audits and safety checks had not been carried out formally. Some informal processes to monitor quality and make improvements had been carried out however formal processes were yet to be embedded.

People who used the service, their relatives and staff said that management was approachable and were visible at the service. People who used the service and staff were able to give their feedback about the service. People and their relatives and staff were invited to meetings to discuss how the service was running.

This is the first time the service has been rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People felt safe at the service and there were appropriate procedures in place for identifying and responding to concerns of abuse. People had their needs assessed and care plans were developed based on the outcome of the assessments however some of them required more detail about how staff should support the person. Environmental health and safety checks were not carried out regularly however equipment was checked regularly and serviced in line with the required frequencies.

Staff recruitment procedures were not robust and the service had not adequately sought satisfactory references or obtained full employment histories for staff. There were enough staff to be able to meet the needs of people who used the service.

Medicines were managed safely and the provider had procedures in place for ensuring that controlled drugs were kept secure and accounted for.

The premises were clean and free of any unpleasant odours and staff managed followed best practice guidance for cleaning the premises.

Is the service effective?

Good

The service was effective.

Care plans were developed ensuring that people's preferences and choices were reflected.

Staff were given and induction when they started working at the service and were supported to access training required for their roles.

People were supported to maintain a balanced diet and were offered snacks and drinks throughout the day. People commented that they liked the food and people were offered different meal options daily.

People were able to access other healthcare services including GP's and chiropodists and guidance from healthcare professionals was reflected in people's care plans.

The building was easily accessible for people with mobility problems and reasonable adjustments had been made for people who needed them.

Is the service caring?

Good

The service was Caring.

Staff spoke to people kindly and made effort to acknowledge people when they encountered them.

People told us that they felt well cared for and relatives were complimentary about the care that their family members had received.

People were observed being able to make choices throughout the inspection.

Is the service responsive?

Good

The service was responsive.

Staff referred people to other healthcare services when they were concerned about their health and took advice from other healthcare professionals.

People were supported to raise concerns.

People's wishes for the end of their life had been recorded and respected.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There had been a change in management at the service which meant that some of the audits and safety checks had not been carried out formally. Some informal processes to monitor quality and make improvements had been carried out however formal processes were yet to be embedded.

People who used the service, their relatives and staff said that

management was approachable and were visible at the service.

People who used the service and staff were able to give their feedback about the service.

It was difficult to locate some of the documents required during the inspection.

White Lodge Residential 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 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.

This inspection took place on 20 December 2017 and was unannounced.

The membership of the inspection team included a lead inspector, an inspection manager and an 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.

In preparation for the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information including notifications sent to us by the provider and any information available about the service on their website.

During the inspection, we talked to people using the service and their relatives and friends or other visitors, we interviewed staff, pathway tracked two people who used the service, carried out observations and reviewed records. We looked at five staff recruitment files, spoke with five members of care staff, the acting manager and operational director and reviewed four care files. We also spoke with two visiting healthcare professionals.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe at the service. One person said "The reason for that is that I haven't had an incident that will make me unsafe, the night staff are always checking on me". People's relatives told us that they had no concerns with the safety of their relatives and told us that they were contacted if there were ever any issues.

Other healthcare professionals said that they felt that people were looked after at the service and they were kept safe. However, despite these positive comments, we found that some aspects of the service needed improvement.

Staff had a good understanding of safeguarding and were able to give examples of what they would look out for and how they would report anything that they were concerned about. Staff received training in how to protect people from abuse and were given regular updates. Staff knew where they could report concerns external to the organisation if they felt they needed to.

Risks to people's health and wellbeing were assessed and updated regularly. People had risk assessments in place for all aspects of their needs including falls, mobility, nutrition and more individualised needs such as diabetes. Some of the risk assessments did not include enough detailed information for staff to fully understand the needs of the person and how to support them to minimise the risk. The manager reviewed and updated them during the inspection.

Not all health and safety records including environmental checks were being carried out on a regular basis. For example, records of weekly water temperature checks had only been completed up to the 30 October and monthly room risk assessments had only been completed up to the 27 October. This meant that any environmental hazards may not have been identified quickly and therefore put people at risk for example of scalding.

We recommend that the service ensure that health and safety checks are carried out in line with recommended best practice guidance.

All equipment was serviced regularly and maintained to a good standard. Staff were observed using equipment to support people which they did so in line with best practice guidance.

Recruitment of new staff was not always robust. Pre-employment checks such as exploring gaps in employment history and obtaining references from people's most recent employer were not always carried out and documented. One of the files reviewed contained references which had negative comments about the person, although there was a post it note in the file stating that a conversation had taken place there was no further action taken such as obtaining additional references or putting additional measures in place to monitor the staff member. The manager collated all the missing information during the inspection and added it to the staff files.

We recommend that the service ensures that all required pre-employment checks are carried out prior to staff being employed by the service.

There were enough staff to meet people's needs. The manager said that as she was new, she was also spending some time each day supporting with care to get to know people and understand their needs.

There were enough additional staff employed to ensure that the care staff were able to provide care to people. In addition to care staff, there were kitchen staff, domestic staff and maintenance staff as well as an administrator. There were also arrangements for out of hours for example weekends and night where there was an on call system in case of emergencies.

People told us that they felt there were enough staff. One said "The staff are really good, attentive and available" and another person said "the care and attention I receive is always excellent". People said that if they needed to use a call bell, they were answered promptly and this was observed during the inspection.

Medicines were managed appropriately with adequate procedures for storage and administration. Staff were observed asking people whether they wanted to have their medicines and staff made sure that people had a drink to take their medicine with. There were appropriate procedures in place for the storage and reconciliation of controlled drugs. The contents of the secure controlled drugs cabinet were checked against the controlled drugs register and found to be accurate.

The premises were clean and free of any unpleasant odours. There were clear systems in place for sorting the laundry to ensure that soiled washing was kept separately from clean washing. Domestic staff completed cleaning schedules to confirm what tasks they had carried out each day. Staff were knowledgeable about infection control including how they would manage an outbreak in the home. There were information sheets about chemicals used in the home kept in the same cupboards where the chemicals were stored to make it easy for staff to refer to if they needed to.

Good

Is the service effective?

Our findings

People's care plans reflected their specific preferences such as spiritual requirements. We saw that people were supported to maintain their religious needs by accessing services. People were also asked whether they had a preference of male or female carer for personal care. People told us that they were given choices and were asked permission before staff assisted them with personal care.

Staff said that they received a good induction when they began working at the service which usually covered a 12 week period. Staff said that they were given role specific training to ensure they knew what to do as well as went through policies and procedures and training which all staff were required to complete.

The provider employed a practice development nurse who was able to assess staff competency in areas such as medicines administration. She also offered support for staff when they were concerned that someone's health had deteriorated.

Most staff were up to date with training required to carry out their roles safely such as moving and handling, safeguarding and infection control. There were opportunities for staff to undertake additional training and qualifications such as NVQ's. Staff received supervision and appraisals in line with the company policy however due to the change in management, these had not happened recently. Staff were able to give examples of how training had influenced their practice such as what they look out for to ensure that people are safeguarded from abuse.

People told us that they liked the food at the home. People said things such as; "Good standard quality, I haven't had to return anything", "Good, I like it, I have no complaints at all" and "Generally a very high order, very good.".

People who had special diets had been highlighted in a different colour on the Christmas menus so that all staff were aware which people needed different meals. Staff said that they found this helpful to get to know people's individual dietary needs.

People mainly had lunch in the dining area which was laid out in a restaurant style. People were able to choose where they sat although staff said that people had their favourite seats. Those that wanted to, met in the lounge before lunch for a glass of sherry. People told us that they enjoyed their mealtime experience and were given choices of meals.

We observed staff asking for choices when offering beverages and food. Drinks were being offered throughout the day and residents had drinks provided in their rooms.
Other healthcare professionals who visited the service told us that that they had no concerns with the service. They said that staff seemed competent, responsive and caring.

Healthcare professionals provided support to the service to provide care for people with more complex needs such as insulin dependent diabetes. They said that they were confident that staff followed any advice

and guidance that they had given them. Staff had also received training in monitoring blood sugar levels to ensure that they were aware how to do this correctly and understand what the readings meant for people.

People told us that they were able to access other services such as chiropodists, GPs and district nurses when they needed to. People told us that the chiropodist visited regularly and they would access the others only if they needed to.

Most people's needs were assessed and appropriate care plans put in place to support them however some did not contain enough detail to provide staff with enough information about their needs or specific conditions such as Parkinson's. There were no descriptions of how the person presented on a daily basis to enable staff to identify if the person's health had deteriorated.

People were supported to access other healthcare services to meet their needs such as GPs and district nurses. When other healthcare professionals had given guidance on how to manage a person's health needs, care plans had been updated to reflect the guidance and in some cases, the plan from the professionals replaced the person's original care plan.

The building was accessible to people with a disability and was suitably adapted to meet people's needs. Relatives told us that they had been concerned that their relative no longer wanted a bath so the provider arranged for their bathroom to be converted into a wet room. People told us that they were able to get around the home as they needed and did not have any restrictions.

The Mental Capacity Act 2005 (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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. There were no DoLS authorisations in place at the time of the inspection. Capacity assessments had been carried out to ensure that people had the capacity to make decisions about their care and treatment and people were able to come in and out of the home when they chose.

There were consent forms in place in people's care folders which confirmed that they had consented to sharing information and having photographs taken.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. Relatives of people we spoke with said that they were always welcomed into the home and staff were always polite and courteous. People made comments such as "They are very pleasant in many ways, they like me and it's a pleasure to live here" and "They are lovely people".

Relatives said "Staff are brilliant – warm, friendly, everyone knows you". Relatives gave us examples of how they had observed staff talking to people about their families and times that they had been supportive such as when other relatives had passed away. They said that staff were good at the 'personal touches' which meant a lot to people.

People were observed making choices about their daily lifestyles such as what they would like to eat for dinner. People were able to choose whether they joined in with entertainment and activities within the home. One person said "I choose my clothes and shoes. I am independent and decide myself what to wear", another person said "Sometimes we get the choice to have certain meals. In the morning the lady will take what I want for the next day. "

We observed in a person's care plan that they had a hearing impairment and that although they wore a hearing aid, they still struggled to hear and staff should speak to the person clearly and facing them to allow them to lip read. We observed staff doing this.

People and their relatives told us that they were involved in discussing their needs with staff so that their care was tailored to their personal preferences. We observed staff asking people how they felt and when one person was unwell, asking if they would like to see a doctor. Relatives told us that they were kept informed when their family member's health had deteriorated or if they had been involved in an incident. One relative described the service as 'inclusive'.
People were treated individually and one relative told us that two of their family members were at the service together for a time but staff identified them as individuals and care was planned with people to meet their individual needs as well as support them to maintain family relationships.

We observed staff giving people reassurance when they were upset or anxious. Staff spoke gently to people and talked about things that were familiar to them which we saw they responded well to. Staff said that they were aware of who could become agitated and knew how each person was reassured. There was guidance in care plans which supported what staff had told us.

Staff gave examples of how they maintained people's dignity such as by knocking on doors before entering and closing curtains. We observed staff knocking on doors and saw one member of staff ask a person who was in their room if they wanted the door open or closed, giving the person the choice of having some privacy.

Good

Is the service responsive?

Our findings

When staff were concerned about a person's health, they contacted other healthcare professionals such as GP's and specialist teams to arrange appointments for people. We case tracked one person who had needed tests carried out and saw that appropriate arrangements had been carried out to support the person to attend the appointments, and make any necessary amendments to their care plan following advice such as when their next review was needed. We spoke with a healthcare professional who told us "I am confident that staff will follow instruction and raise issues as and when necessary".

People's preferences were recorded in their care plans and reflected what was important to them. People we spoke with told us that they were asked about what was important to them and they were supported to keep up their interests. One relative told us that their parent "needs more stimulation, physical not mental" and they cater for that".

People were supported to maintain relationships and supported to socialise to prevent social isolation. Relatives told us that staff knew their relatives well and would chat to them whenever they had the opportunity to. There were activities provided for people who wanted to join in such as quizzes and bingo. People said they enjoyed the activities available, for example, one person said "There's singing, instrument players, quizzes. I prefer the singer". People told us that they were asked if they wanted to join in and didn't have to if they didn't want to. Activities staff also carried out one to ones with people who did not want to participate in group activities. People were able to go out and about in the local area to visit shops and cafes. One relative told us that their family member was given choices of trips they could go on and said "He doesn't go on visits except when they go to the pub".

People and their relatives had told us that they knew how to raise concerns if they needed to. They said that they had not needed to. People said "I haven't made any, I have a feeling that if one is done, it will be taken seriously" and "I am happy with what I am receiving. I think you will go a very long way to have something better than this".

There was a complaints policy available for people which was displayed in the home. Staff had recorded concerns raised with them and responded to people appropriately addressing the issues.

People had been asked whether they had any wishes which should be respected at the end of their life. Some people had detailed plans in place which included information about their funerals and how they would like it managed. However some people had said that they didn't want to discuss it at that time. Staff said that they were sensitive when they spoke about the subject with people and if people didn't want to talk about it, they would ask them another time.

Some people had Do Not Attempt Resuscitation (DNAR) orders in place which had been signed by a medical professional. These were easily accessible within their care files so that in the event of an emergency staff were aware quickly whether to begin resuscitation or not and could pass on the information to other healthcare professionals.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection, the provider did not display their rating in line with the guidance however it was noted that this was now being displayed adequately on both the provider's website and around the home.

The registered manager had recently left the service and there was an acting manager in place who had provided continuity of management until a permanent manager was appointed however some management tasks such as auditing had not been completed.

Management are visible and approachable. Staff told us that they could go to managers with any problems or suggestions and felt that they were listened to. People told us that they were aware of the management changes and were getting to know the new manager. One person said "The acting manager is too new and we don't know her very well but she is pleasant"

Staff said they were happy working at the service and enjoyed their jobs. Staff said "I love it here". Staff spoke highly about the service and said that they liked the 'feel' of the home. The acting manager had come from another home owned by the same provider so was aware of the company values, policies and procedures. Staff said that they wanted to give people the 'best care possible'.

Processes for ensuring that safety risks were fully assessed and quality assurance checks were not fully embedded in the service. There was a quality assurance tool in place however it had not been completed since the new area manager had taken over. There had also been some regular health and safety checks which had not been completed in line with the frequency that they should have been. This would have been picked up if the quality assurance checks had been carried out. The Regional Director had been identifying areas for improvement informally and was working on implementing a formal way of capturing this. She said that she would be carrying out the audit tool over the next week.

There had been some analysis of incidents such as falls within the home which included where in the home they had occurred. The acting manager had reviewed falls on an individual basis and individually reviewed their falls risk assessments however prior to that the falls audits had similar information such as "Encourage client to ring for attention" and had not addressed how the person individually should be supported to reduce the risk of falls in future.

It was difficult for the acting manager to locate documents during the inspection. Some of the documents in relation to the building and safety of the premises were not up to date however it was unclear whether there were more recent documents that were unable to be located at the time of the inspection or whether they had not been kept up to date.

We recommend that the service ensures that documentation is accessible and processes are put in place for regular ongoing monitoring of the quality of the service.

Management had investigated and acted on concerns raised about culture and had improved staff morale.

Clear records were kept of any disciplinary investigations that had taken place and outcomes were based on the information found during the investigation.

Some people said that they had attended meetings to give their views and find out about changes to the home and others said that they hadn't however felt that they were able to give their opinions to the staff. People said "There hasn't been such a meeting, but the communication between staff and residents is fairly good", another person said "I have been to one". People said that they thought their voices would be heard and that management spoke to them if they had anything to talk about.