

South Coast Nursing Homes Limited

White Lodge Residential Home

Inspection report

Westfield Avenue South Strand
East Preston
West Sussex
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26 April 2016

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 19 and 26 April 2016 and was unannounced.

Following an inspection in October 2014, we asked the provider to take action. The provider had not sent notifications to the Care Quality Commission (CQC) or notified CQC of changes to the registered managers contact details. The provider did not have suitable arrangements in place for obtaining and acting in accordance with peoples the consent. At this visit, we found that action had been taken and the provider had complied with previous requirements.

White Lodge Residential Home is registered to provide 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 27 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 separate dining room. 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.

The service had a registered manager in place. 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.

The provider had not displayed their rating from the previous inspection on the premises or on their website, which is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During the course of the inspection the rating was posted on the premises but there was no rating displayed on their website.

People were protected from risks to their health and wellbeing. Plans were in place with safety measures to control potential risks. Risk assessments were reviewed regularly so information was updated for staff to follow.

People and their relatives said they felt safe at the service and knew who they would speak to if they had concerns. The service followed the West Sussex safeguarding procedure, which was available to staff. Staff knew what their responsibilities were in reporting any suspicion of abuse.

People were treated with respect and their privacy was promoted. Staff were caring and responsive to the needs of the people they supported. Staff sought people's consent before working with them and encouraged and supported their involvement.

The atmosphere in the home was happy and calm. People were engaged in activities, hobbies, interests and

were encouraged to participate in community based activities.

People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were administered safely. People were supported to eat and drink enough to maintain their health.

Staff received training to enable them to do their jobs safely and to a good standard. They felt the support received helped them to do their jobs well.

There were enough staff on duty to support people with their assessed needs. The registered manager followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People benefited from receiving a service from staff who worked well together as a team. Staff were confident they could take any concerns to the management and these would be taken seriously. People were aware of how to raise a concern and told us they would speak to the registered manager and were confident appropriate action would be taken.

The premises and gardens were well maintained. All maintenance and servicing checks were carried out, keeping people safe. People were empowered to contribute to improve the service. People had opportunities to feedback their views about the home and quality of the service they received by annual surveys and residents meetings.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read what action we have told the provider to take at the back of this report.

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

Risks to people were identified and measures were in place to manage the risk.

There were enough staff to meet people's individual needs in a timely way.

Staff understood their responsibilities to protect people from abuse.

People told us they felt safe living at the home.

Medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

All staff received the training they needed to be able to provide safe and effective care.

People told us that food at the home was good. We observed the lunchtime experience and this was relaxed and friendly. People enjoyed their meals and each other's company.

People were supported to access services to help ensure their healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect; their dignity and privacy were upheld.

People were treated with care and staff were quick to help and support them.

There was a friendly and relaxed atmosphere in the service with good conversation and rapport between staff and people.

Is the service responsive?

The service was responsive to people's needs.

People's individual needs were assessed, planned and responded to by staff who understood them.

People were occupied and had a variety of activities which gave their life meaning and purpose.

People were encouraged to raise any concerns. Complaints were investigated and action taken to make improvements.

Good 

Is the service well-led?

The service was not well-led in all respects.

The provider had failed to display their rating received following our last inspection.

There were quality assurance systems in place to effectively monitor and improve the quality and safety of the service.

There was an open culture in the service, focussing on the people who used the service. Staff felt comfortable to raise concerns if necessary.

Staff were aware of their roles and responsibilities.

Requires Improvement 

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 19 and 26 April 2016 and was unannounced.

An inspection manager and an inspector undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at care records for four people, medication administration records (MAR), a selection of policies and procedures, four staff files, staff training, induction and supervision records, staff rotas, complaints records, accident and incident records, audits and minutes of meetings.

During our inspection, we observed care, spoke with six people using the service, one relative, the registered manager, the deputy manager, the operations manager, the care staff on duty and some domestic, kitchen and activities staff. Following the inspection we contacted professionals who had involvement with the service to ask for their views and experiences.

Is the service safe?

Our findings

People looked at ease with the staff that were caring for them. All people we spoke with told us that they liked the home. We were told that, "I feel safe living here, I like it." People told us that they liked the staff, "They are very thoughtful, very helpful", "They are very good", and, they are "Kind".

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding adults at risk. Staff were able to clearly describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They said that they would raise any concerns with a senior member of staff. The registered manager was clear about when to report concerns. She was able to explain the processes to be followed to inform the local authority and the CQC. The registered manager also made sure staff understood their responsibilities in this area. The service followed West Sussex policy on safeguarding; this was available to all staff as guidance for dealing with these concerns.

The registered manager completed an assessment before a person moved to the service. This looked at their support needs and any risks to their health, safety or welfare. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example people's risk of falls had been assessed. We saw that hoists, wheelchairs and walking frames were used to help people move around safely where required. Staff provided support in a way which minimised risk for people. The premises and gardens were well maintained and well presented. Environmental risk assessments had been completed, which assessed the overall safety of the home, including slip and trip hazards. All maintenance and servicing checks were carried out, keeping people safe.

There were enough staff to meet people's needs. We observed that staff supported people in a relaxed manner and spent time with them. During our visit we saw that staff were available and responded quickly to people. Staff, people and their relatives told us they were happy with the staffing levels. We were told, "There's always plenty of them [staff]", and, "They come quickly when I call and nothing is too much trouble for them"

The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. Staffing rotas for the past two weeks demonstrated that the staffing was sufficient to meet the needs of people using the service. There were four or five care staff during the morning, three in the afternoon and two at night. In addition to this there were ancillary staff for specific tasks, for example laundry and domestic staff. This ensured that care staff could focus on meeting people's needs.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work

with adults at risk. Staff records showed that, before new members of staff started work at the service, checks were made with the Disclosure and Barring Service.

Peoples' medicines were administered safely. We observed the lunchtime medicines being given. Staff carried out appropriate checks to make sure the right person received the right medicines and dosage at the right time. Staff told us and records confirmed that additional checks had been introduced for the administration of certain medicines due to two people with similar names having the same medicine, but differing doses.

Some people were prescribed medicines to be taken 'as required' (PRN). There were clear guidelines for staff regarding administration of PRN medicines. We saw that these were given in accordance with people's needs. People were asked if they needed assistance to take medicine, and any help was given in a discreet and caring way. Staff only signed the Medication Administration Record (MAR) sheets once they saw that people had taken their medicines. We saw that staff recorded the dose given of variable dose medicine. Some people were able to self-administer their medicines following an appropriate risk assessment. Medicines were recorded on receipt and we saw the records of disposal. Medicines we checked corresponded to the records which showed that the medicines had been given as prescribed.

People's medicines were kept securely. We observed that all medicines were kept secure. We saw that a lockable fridge was available to store medicines that required lower storage temperatures. We saw that the temperatures of the fridge and the medicines storage room were monitored and recorded. However records demonstrated that medicines had not been stored at the correct temperatures. No action had been taken; medicines must be stored at the correct temperature to ensure their effectiveness. This was discussed with the registered manager and immediate action was taken. On the second day of our visit we saw that an air conditioning unit had been installed in the medicines storage room.

Staff told us of the training they had received in medicines handling which included observation of practice to ensure their competence. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent and our observations confirmed this.

Is the service effective?

Our findings

At the last inspection, a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been identified. This was because the provider did not have suitable arrangements in place for obtaining and acting in accordance with people's consent. At this visit, we found that action had been taken. During our visit we observed that people made their own decisions and staff respected their choices. We saw that staff had an understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff seeking people's agreement before supporting them and then waiting for a response before acting.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made and how to submit one. Staff had a good working knowledge on DoLS and mental capacity. Staff had received appropriate training for MCA and DoLS. The registered manager told us that all the people at the service had capacity to make their own decisions.

People and their relatives spoke positively about staff and told us they were skilled to meet people's needs. They had confidence in their skills and knowledge. One relative said, "It's fantastic, brilliant".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff received regular training in topics including, moving and handling, food hygiene, fire safety, infection control and caring for people living with dementia. The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available. They told us that they felt confident and well trained to do their jobs. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

New staff were supported to understand their role through a period of induction. They were required to complete training courses and work towards the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. New staff undertook a period of shadowing when they worked alongside an experienced staff member. Their progress was reviewed informally on a frequent basis by the registered manager and their contract of employment was confirmed when they had achieved a satisfactory level and were confident in their role.

People were supported by staff who had some supervisions (one to one meetings) with the registered manager. Some staff had a supervision meeting recorded; however these records were not available for all staff. The registered manager told us that she also carried out observations of staff practices. The service

was unable to evidence how often supervisions took place and there were no records to demonstrate that observations took place. However, all staff we spoke with told us they felt supported by the registered manager, and the other staff. They said there was opportunity to discuss any issues they may have, observations that had taken place and ways in which staff practice could be improved.

Staff told us there was sufficient time within the working day to speak with the registered manager. During our visit we saw good communication between staff and the registered manager or deputy. Staff told us that they could discuss any issues or concerns during the shift handover. Staff felt that they were inducted, trained and supervised effectively to perform their duties.

People had enough to eat and drink throughout the day and night. We saw that people were regularly offered a choice of drinks throughout the day. We observed the lunchtime meal experience. Tables were nicely set with condiments, glasses and serviettes. People were engaged in conversation. People appeared to enjoy their meal. The food had an appetising smell and looked attractive. Lunch was taken in varying places within the home according to people's preferences. We observed many positive interactions between people and staff. The mealtime was an inclusive experience. Staff appeared caring and took pleasure in spending time with people. There was a relaxed and calm atmosphere.

People's care plans contained information about their dietary needs and malnutrition risk assessments. People's weight was recorded to monitor whether people maintained a healthy weight. People were offered a choice of hot and cold drinks throughout the day and staff made sure people had sufficient drinking water in their rooms. Where people were at risk of dehydration, staff maintained fluid charts. We noted that the fluid intake for some people had been raised for information during staff handover. This demonstrated that staff were monitoring people and taking action to ensure that their needs were met.

People had access to health care relevant to their conditions, including GPs, district nurses and hospital specialist consultants. Staff knew people well and referrals for regular health care were recorded in people's care records.

Is the service caring?

Our findings

People received care and support from staff who knew them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Everyone we spoke with thought people were well cared for and treated with respect and dignity. People were full of praise for the staff. People described them as, "Very nice" and "Polite and friendly". A relative told us that, "They [staff] are all very cheerful, it makes a difference" and "It feels like a home".

Throughout our visit staff interacted with people in a warm and friendly manner. Staff described how they maintained people's privacy and dignity by knocking on doors, waiting to be invited in. Staff focused their attention on providing support to people. We observed people smiling and choosing to spend time with staff who always gave them time and attention. Staff knew people's individual abilities and preferences, which assisted staff to give person centred care. People's care was not rushed enabling staff to spend quality time with them. Staff walked with people at their pace and when communicating with them they got down to their level and gave eye contact. They spent time listening to them and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious.

Relatives told us that they felt welcome guests at the home and that they were kept updated with any issues concerning their family member's care. One relative told us that the registered manager, "Kept me up to date. She is very professional" and, "I can't praise them enough."

People's care plans described the level of support they required and gave clear guidelines to staff. The care plans were person centred; they contained details of people's backgrounds, social history and people important to them. The care plans included details regarding people's individual likes and dislikes. Staff we spoke with said that they found the care plans useful. They were aware of people's personal preferences. People told us they received the care that they wanted and were happy with the care received. Staff knew what people could do for themselves and areas where support was needed. Staff knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records. Relationships between people and staff were warm, friendly and sincere. Staff chatted with people who appeared to enjoy their company. Staff said that they believed that all staff were caring and were able to meet the needs of people.

The overall impression was of a warm, friendly, safe and lively environment where people were happy.

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. One person told us, "They're very kind and thoughtful". A relative explained how staff had, "Arranged for a district nurse and doctor to visit straight away", and this was in, "Quick response to a change in [Name's] condition".

People had their needs assessed before they moved to the home. A relative told us, "They [staff] came to visit [Name] at home, to assess that they could meet his needs." Information had been sought from the person, their relatives and professionals involved in their care. Information from the assessment had informed the plan of care. This ensured that the staff were able to meet people's needs. People's care needs were kept under review and any changes or increase in dependence was noted in the daily records and added to the care plans. Staff told us, "If anything changes, it [the care plan] is updated". This meant people received consistent and co-ordinated care that changed along with their needs.

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Each file contained information about the person's likes, dislikes and people important to them.

Staff maintained a daily record for each person that recorded the support they had received. Staff did a verbal handover each shift to ensure that all staff were aware of people's needs and had knowledge of their well-being. This ensured that any changes were communicated so people received care to meet their needs.

People were engaged and occupied during our visit; there was a calm atmosphere within the home. We saw that some people were interacting with each other and chatting with staff. Staff and people told us that they liked each other's company. People had a range of activities they could be involved in. This included visiting entertainers, music and singing, arts and crafts and a gardening club. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain their own hobbies and interests, staff provided support as required. The activity co-ordinator told us that she spent time reading the newspaper or chatting to the people who remained in their rooms. People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. All people we spoke with told us that they were happy with the level of social interaction and activities provided.

The service had a complaints policy and complaints log was in place for receiving and handling concerns. People told us they were happy at the home and had no cause to complain. Relatives told us that were confident that any issues raised would be addressed by the registered manager. Two complaints had been received in the last year, both of which had been appropriately investigated and resolved in line with the provider's complaints policy.

Is the service well-led?

Our findings

The provider had not displayed their rating received following our inspection in October 2014. From April 2015, providers are required to display ratings by law. This should be conspicuous and in a place accessible to people who use the service, as well as on their website. This was in breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During the inspection the rating was posted on the premises but no rating was displayed on the provider's website.

At the last inspection, a breach of Regulation 18 of the CQC Registration Regulations 2009 had been identified. This was because the provider had not notified the Commission about incidents relating to abuse or allegation of abuse or notified CQC of changes to the registered managers contact details. At this visit, we found that action had been taken. The registered manager had notified CQC about significant events. We use this information to monitor the service and ensure they responded appropriately to keep people safe.

The home had a positive culture that was person-centred, open, inclusive and empowering. There was an open and friendly culture. People appeared at ease with staff and staff told us they enjoyed working at the service. The registered manager had been in post for four years. People knew who the registered manager was. A person living at the service told us that they liked the registered manager and she was, "Lovely".

The registered manager told us that she spent time with people on a daily basis in order to observe the care and to monitor how staff treated people. We observed people approaching the registered manager and vice versa. It was apparent that people felt relaxed in the registered manager's company and that they were used to spending time with her. At the last inspection we noted that staff meetings had not taken place for some time. At this inspection we were told and records confirmed that staff meetings took place regularly. Staff used this as an opportunity to discuss the care provided and to communicate any changes. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation.

Staff and people using the service said the registered manager was open and approachable and they would go to her if they had any queries or concerns. Staff felt confident to raise any concerns. Staff felt supported by the registered manager and told us that the home was well led.

During our visit we met with the operations director. We were told that she visited the service regularly. This meant that she was aware of how the service was operating. We saw that people and staff readily interacted with the operations director and it was clear that she was a regular visitor to the home. We were told, and records confirmed, that one of the directors visited every two months and completed a compliance audit. This included looking at records, talking to staff and talking to people and any visitors.

People were empowered to contribute to improve the service. People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Annual surveys had recently been given out to people and their relatives. Residents meetings took place every month. We were told that action was taken following people's comments. For example, people had

requested that their relatives were invited to attend future meetings. We saw that relatives were invited to the next meeting.

Regular safety checks were carried out including those for the fire alarms, fire extinguishers, water temperatures and portable electric appliances. Staff told us that any faults in equipment were recorded in the maintenance book and were rectified promptly. The provider had achieved a level five rating at their last Food Standards Agency check.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. For example audits of, infection control, medicines, care records and the environment. Accident and Incident forms were completed. These were signed off by the registered manager who analysed them for trends and patterns and took action to address any shortfalls.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider had failed to display the rating received following our inspection in October 2014. Regulation 20A