

# Care UK Community Partnerships Ltd

# Whitefarm Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

White Farm Lodge is a care home providing personal and nursing care for up to 60 older people, some of whom are living with dementia. At the time of the inspection 48 people were receiving a service at the home.

### People's experience of using this service and what we found

The service provided was safe for people to use and staff to work in. People said that staff always did their best to meet their care needs and they liked and felt safe with the way support was provided. Risks to people were assessed, monitored and reviewed. This enabled them to take acceptable risks, enjoy their lives and live safely. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. There were suitable numbers of appropriately recruited staff to meet people's needs. Medicines were safely administered by trained staff.

The service culture was open, honest and there was a clearly defined vision and values that staff we spoke with understood and followed in a caring, kind and sympathetic way. The quality assurance systems (QA) and audits identified issues, and they were addressed. Areas of responsibility and accountability were identified, with staff willing to take responsibility and report any concerns. There were well-established working partnerships with health care professionals. Records including people's daily logs and care plans were up to date, as well as staff information. People praised the caring approach of the registered manager and staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 16 December 2017).

### Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good rated service to people.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitefarm Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Whitefarm Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Whitefarm Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke in person with the registered manager. We spoke with eight people, five relatives, 11 staff and six health care professionals, to get their views about the care provided. We looked at five people's care plans and seven staff records. We reviewed a range of records. They included staff rotas, training and supervision, people's medicines records, risk assessments, reviews and a variety of records relating to the management of the service, including audits, quality assurance, policies and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included medicines audit, care planning risk assessment audit, night visit audit and monthly accident and incident reports. We received the information which was used as part of our inspection.

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.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives told us Whitefarm Lodge was a very safe place to live. This was also reflected in people's body language, whilst we were doing observations which were relaxed and positive indicating that they felt safe. One person said, "It is very safe here." Another person commented, "I don't have to worry at all." A relative told us, "I'm confident that [person using the service] is in safe hands. They wouldn't be here otherwise." Another relative commented, "[person using the service] has been here eight years and not one fall. How safe is that."
- Trained staff identified any abuse towards people, took appropriate action if encountered and were aware of how to raise a safeguarding alert. There was no current safeguarding activity. The provider policies and procedures included safeguarding and were made available to staff.
- Staff advised people how to keep safe and any areas of individual concern about people, were recorded in their care plans.

Assessing risk, safety monitoring and management

- Staff enabled people to take acceptable risks and enjoy their lives safely by following risk assessments that included all aspects of their health, daily living and social activities. The risk assessments had been regularly reviewed and updated as people's needs, interests and pursuits changed in order to keep them safe.
- The staff team was well-established and knew people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks. A relative said, "Many of the staff have been here for a long time and know [person using the service] well. They always stop and have a chat with him."
- There were regularly reviewed and updated general risk assessments that included equipment used to support people which was regularly serviced and maintained.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations was being met.

#### Staffing and recruitment

- The staff recruitment process was thorough, and records showed that it was followed. The interview process included scenario-based questions to identify prospective staffs' skills and knowledge of care and support for older people including those with dementia. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a six-month probationary period with a three-monthly review. This could be extended if required so that staff can achieve the required standard of care skills.
- There were sufficient staff to provide people with flexible care that met their needs. Staffing levels during our visit; matched the rota and enabled people's needs to be met safely. One relative said, "Always seem to be enough staff around."

#### Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicines records were fully completed and up to date. Staff were trained to administer medicines and this training was regularly updated. If appropriate, people were encouraged and supported to administer their own medicines.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. A staff member said, "We have received thorough training."
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

#### Learning lessons when things go wrong

- The provider kept accident and incident records that were regularly reviewed to reduce the possibility of reoccurrence. There was a whistle-blowing procedure that staff said they were comfortable using.
- Any safeguarding concerns and complaints were reviewed and analysed to ensure emerging themes had been identified, necessary action taken and to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.
- The feedback from healthcare professionals was that the service provided a safe environment for people to receive care and live in.

# 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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home provided an open, inclusive, empowering and person-centred culture that achieved good outcomes for people.
- People told us how well-led they thought the service was. People's positive, relaxed body language towards the registered manager and staff indicated that the service was provided in a way that met their social as well as health needs. One person said, "Excellent, friendly staff and [registered] manager. Couldn't be better."
- Relatives said the registered manager was excellent and the home well-run. Staff worked hard to meet people's needs, make their lives enjoyable and reflected the organisation's vision and values when carrying out their duties. A relative said, "[registered manager] always has time for us and nothing is too much trouble." A staff member said, "The [registered] manager is so supportive. I've been working here years and wouldn't have stayed if it wasn't such a great place to work."
- The services provided were explained so that people and their relatives were aware of what they could and could not expect from the service and staff. This was reiterated in the statement of purpose and guide for people that set out the organisation's vision and values. They were understood by staff, and people said reflected in the staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour responsibilities and was open and honest with people when things went wrong.
- People and their relatives were informed if things went wrong with their care and support and provided with an apology. This was due to the registered manager and staff contributing a positive attitude. One person told us, "Always made aware of what is going on and my questions are always answered." A relative said, "We are always kept in the loop in a very honest way."

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

- The registered manager and staff had a clear understanding of their roles, the quality assurance (QA) systems and there were clear lines of communication and boundaries. Staff were aware that they had specific areas of responsibility such as record keeping and medicines management and carried them out

effectively. This was reflected in the praise from people and their relatives. The (QA) systems contained indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents.

- The registered manager, staff and provider carried out regularly reviewed audits that were thorough and kept up to date. These included staff observations, night visits, documentation and health and safety. There was also a service development plan. This meant people received an efficiently run service.
- Records demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including any hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

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

- People, relatives, staff and the public were engaged by the home, listened to and people's wishes acted upon. One person told us, "Nothing is too much trouble." Another person said, "If you need anything they [staff] will get it for you."
- There were close links with services, such as speech and language therapists, physiotherapists, occupational therapist and district nurses. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Staff made sure that people had access to advocacy services and advice, if required.
- Relatives said they made visits and had regular contact with the home, who kept them informed, up to date with anything about people, good or detrimental and adjustments were made from feedback they gave. A relative told us, "They always take the extra step to let me know what is going on. It's so peaceful here and I couldn't be more pleased with the staff and service they provide."
- The provider sent out surveys to people, relatives and staff and suggestions made were acted upon. This was reflected in the events organised for the Jubilee celebrations.
- There were regular information updates for people and their relatives informing them of what was happening at the service and what people had been doing.

Continuous learning and improving care

- The service improved care through continuous learning.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the registered manager, staff and the provider to learn from and improve the service.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.

People, their relatives and staff told us they were given the opportunity to voice their views about the service. One relative said, "The way staff speak to [people using the service] I can't fault. They always take time to respond." A staff member said, "The [registered] manager can be firm when needed and we respect that."

- The registered manager and staff checked throughout the day that people were happy and getting the care and support they needed in a friendly family environment.
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.

- Staff received annual reviews, quarterly supervision and staff meetings took place so that they could have their say and contribute to improvements.
- There was a directory of organisations and useful contacts that was regularly added to and updated.
- The feedback from healthcare professionals was that the service was well-led, providing clear leadership and staff support that promoted a nurturing and caring environment.