

Barchester Healthcare Homes Limited

The White Lodge

Inspection report

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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

The White Lodge is a care home providing personal and nursing care to 67 people aged 65 and over at the time of the inspection.

The White Lodge accommodates up to 80 people across three separate floors, known as communities, each of which has separate adapted facilities. One community specialises in providing care to people living with dementia.

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

People and their relatives told us they were safe. Staff knew and understood their responsibilities for safeguarding people against potential risk or harm. They were able to tell us how they would report concerns relating to people, or concerns about the service.

People's medicines were administered, stored and managed safely. There were appropriate systems in place to check and monitor medicines closely, regular audits took place. The pharmacy had undertaken their own audit and the home GP undertook regular reviews of people's prescribed medicines.

Staff were recruited safely. People were supported by staff who had access to training to fully equip them with the skills and knowledge to meet their needs. Staff were well supported through one to one supervision, appraisal, induction and a leadership 'open door' policy.

People and their relatives told us the staff were caring and they were well looked after. We observed and heard many kind and compassionate interactions between staff and the people they were supporting. Staff were gentle and patient and treated people with dignity and respect.

Staff sought people's consent prior to undertaking any support or assistance. Staff had knowledge of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). People were offered choices of what to do, where to go, what they would like and were encouraged to do things for themselves where able.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans were person centred and included people's likes dislikes and tasks they were able to undertake independently. Care plans were reviewed regularly. People had access to community and specialist health and social services such as the home GP, speech and language therapists and occupational therapists.

People had access to plenty of pass-times, interests and activities. These included a social café, outside

events such as the Summer fete, games and clubs. There were extensive accessible outside grounds with wildlife, where people could sit or walk around the perimeter.

The White Lodge had a registered manager who had made significant improvements to the running of the service and the quality of people's lives. An effective leadership team meant people, their relatives and staff were fully supported and were happy with the standards of care.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 22 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook a focused inspection to check they had followed their action plan and to confirm they now met legal requirements (published 07 June 2019). At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

The White Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

The White Lodge is a 'care home'. 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.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and ten relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the deputy manager, unit leads, support workers and domiciliary staff. We reviewed a range of records. This included six people's care and support records and medicines records. We looked at five staff personnel files in relation to recruitment and supervision. A variety of records relating to the managements of the service, including policies and

procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted three professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the last focussed inspection, we found the provider required more time to ensure improvements made had been embedded and sustained to keep people safe. At this inspection we found the provider had sustained and continued to make improvements.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of potential abuse or harm.
- People and their relatives told us they felt safe. One relative said, "My dad feels very safe here" another said, "My mum is checked on every hour, she is safe." One person told us, "There are always staff around, they check at night, yes, I am safe."
- 100% of staff had completed the providers mandatory safeguarding training. Staff we spoke with were knowledgeable about identifying abuse and what to do about it. In staffing areas we observed instructions and guidance on how to report potential abuse to the local authority safeguarding teams.
- Staff also knew about whistle blowing and who to contact if they had concerns about the service. Whistle blowing procedures ensure staff protection from reprisals when they raise concerns about misconduct witnessed at work.
- The provider had reported incidents of safeguarding appropriately to the relevant local authorities safeguarding teams and CQC.

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

- People were protected from the risks of harm.
- People's care plans contained a range of regularly reviewed risk assessments including risks relating to choking, malnutrition, falls and pressure ulceration.
- Risk assessments contained detailed guidance for staff to minimise the risks identified. These included specific recommendations from specialists such as tissue viability nurses and speech and language therapists.
- Personal emergency evacuation procedures (PEEP's) were personalised and were placed in people's care and support plans as well as in the 'red grab bag' for emergency personnel access.
- There were systems to ensure the building was safe. Fire equipment and alarms had been serviced and there was a fire evacuation plan. Regular checks and servicing had been carried out on electrical appliances, gas and electrical services, lifts and lifting equipment and the water systems. This helped to ensure any defects were identified promptly and equipment was safe for people to use.
- All accidents and incidents were thoroughly recorded and investigated and actions taken. The provider used an electronic tracking system of all accidents and incidents to identify any themes or trends. Lessons learned were identified in each case and discussed at staff meetings.

Staffing and recruitment

- Staff were recruited safely.
- We reviewed six staff personnel files and all the required safety checks were in place which included; DBS, appropriate references and identity checks. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people working with vulnerable people.
- New staff were subject to a thorough induction process and were shadowed and mentored until their competency at working individually was demonstrated. Spot checks of competency continued for all staff throughout the year.
- There were sufficient numbers of staff on duty at the time of the inspection. The registered manager told us a push on recruitment meant they would be fully staffed one week following the inspection. The use of agency staff had significantly reduced as permanent staff had been successfully recruited.

Using medicines safely

- Medicines were administered, stored and managed safely.
- People's Medicines Administration Records (MAR's) had been completed accurately. They contained an identity sheet detailing allergies, a current photograph and how people liked to take their medicines.
- There were protocols in place for 'as required' medicines. Fridge temperatures were at the required level and were checked daily. Opened bottles of medicines were dated, to accurately assess when the medicine should be discarded.
- Cream charts for the application of topical treatments included body maps for accuracy of application.
- Medicines which required extra security were correctly and accurately recorded.
- The home had received a pharmacist advice visit and a medicines optimisation visit to ensure all medicines being used were appropriate and were accurately recorded. There were regular medicines reviews with the visiting GP.

Preventing and controlling infection

- People were protected from the risks of infection.
- Staff had access to plenty of personal protective equipment and they had received training in infection control practices.
- The whole home was very clean, tidy and free from any malodours. Staff told us they ensured people's rooms were cleaned daily. Kitchen and bathroom areas were hygienically clean.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to moving to The White Lodge. Assessments included people's protected characteristics under the Equalities Act (2010). This included identifying needs in relation to culture, religion and gender preference of carer. These choices were recorded in people's care plans.
- Where able, people had been involved in their assessment and care plan development. Care records contained detailed information about their health and social care needs.
- We observed people had their life history recorded, detailing their preferred name, family details and things which were important to them.
- Care plans contained treatment and escalation plans which had been devised in conjunction with the GP, the person and their family or representative.

Staff support: induction, training, skills and experience

- People and relatives we spoke with told us the staff were well trained and skilled. One relative told us, "[The staff] pick up on little things and are attentive to details such as one lady didn't have slippers, I see what they do with other residents and it impresses me."
- The training matrix showed 97.75% of 56 staff were up to date with mandatory and statutory training. Areas included basic life support, choking, customer care, fire, food safety, health and safety, tissue viability, MCA, DoLS and safeguarding.
- Staff induction, appraisal and one to one supervision were all up to date and all staff had regular sessions. There were staff champions for each area of care, such as infection control. They took the lead role in information and new developments in practice to pass onto the whole staff team.
- Staff told us they felt very well supported by the management team.

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

- People were supported to eat and drink well. We observed a lunchtime meal service and saw people had choice, were encouraged to eat or supported where required.
- The dining room was nicely laid out with table cloths, menu's, napkins and condiments. Some people requested wine with their meal. People appeared to enjoy their meals which looked appetising and were served hot.
- Staff interacted well with people when serving the meal and people were offered a choice at every course.
- Where people's nutrition was at risk we observed charts detailing weight losses and gains, prescribed supplements, the use of fortified meals and snacks. Additional notes detailed how well the person had eaten, what they had preferred, whether they had required encouragement, assistance or managed

independently.

- The White Lodge had a café which was very well attended by people, relatives and visitors. Fresh home made cakes and biscuits were available alongside self service hot and cold drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Several relatives told us how impressed they were with the speed at which the registered manager was able to assess and accommodate their family member. This was particularly recognised in times of crisis and when requiring discharge from hospital. Relatives told us they felt extremely well supported at difficult times.
- The White Lodge had worked alongside local authorities to provide care and rehabilitation to people under the 'discharge to assess' process. This is a joint initiative between health and social care to expedite hospital discharges to care homes to continue assessment and rehabilitation, prior to going home.
- People were able to access a whole range of community health services such as a GP, specialist nurses, dentistry and hospital appointments.

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

- The White Lodge is very pleasantly decorated and furnished and relatives commented highly on the appealing environmental surroundings.
- People were able to bring personal items of furniture, photographs and pictures to decorate their rooms individually.
- The corridors were wide with hand rails, all floors were level access with a lift to each community.
- The grounds were paved and flat for wheelchair use or for walking safely. There were communal areas inside and out and large grounds where parties and events were held. Communal patio areas were full of wildlife and birds which people told us they enjoyed watching.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's care plans contained consent forms and we heard staff request permission and consent prior to supporting people.
- Mental capacity assessments and their corresponding best interest decisions were completed accurately and robustly.
- Legal authorities were in place where required. For example Lasting Power of Attorney for Health and Welfare and for Finance and Property. Copies of registrations were in people's files. This meant people had

the correct representation in place to help them with consent and making decisions.

- The provider had made appropriate applications to the local authority for DoLS and had a tracker system in place to monitor authorisations. Conditions were being met.
- Staff had received training and were knowledgeable about the Act and how to apply the principles in their work with people.
- The provider was fully compliant with the requirements of Mental Capacity Act (2005).

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; Respecting and promoting people's privacy, dignity and independence

- People were supported by kind and caring staff. One person told us, "I find everyone caring and they are there when you need them." Other comments included, "I think it's wonderful, the staff are very friendly", "They look after [mum] really well, other people and relatives are happy which is encouraging" and "Because of the reception we got from staff, the friendliness, we chose here." Another relative told us, "Staff are very, very friendly, very caring and always speak, managers are always there for you when you want, it's a nice caring atmosphere, a pleasant atmosphere, if you want anything they will do it."
- We observed staff interacting with people in a friendly and respectful way. Staff were calm and patient and we observed call bells being answered promptly.
- Staff knew people well, including their individual preferences and people's personalities. We received good feedback from visiting professionals who commented on the positive relationships staff and people had developed.
- People's birthdays and special events were celebrated with home made cake. People were able to have family parties and if required a buffet or picnic prepared by the Chef.
- People's care records were written using respectful language and included person centred details about the person's well being.
- We observed staff out walking around the perimeter with people, supporting them gently and chatting or singing together as they walked.
- We spoke with one person whose relative had stayed at The White Lodge for a short while before they passed away. They told us they, "Instantly felt the staff were devoted and [the registered manager] was caring and a very good manager. We loved the home and how the staff treated [family member]." They were so impressed with the home they now come in weekly as a volunteer.

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

- People's care plans were developed with them where possible. Some had details added by relatives which gave staff insight into people's pasts and important memories.
- One staff member said, "I love my job, I love talking to them, they tell me their experiences and I remember their likes and dislikes."
- One person was nominated to be the 'resident ambassador'. They told us they liked to chat to people and visitors and welcome them to the home. If they saw someone on their own they would sit and talk to them. They were also able to act as 'a voice' for other people and speak at resident meetings or feedback to the

management team.

- People were invited to give their views through regular resident meetings and when reviewing their care plans. Where people were unable to verbalise their views, their representatives were involved. One relative told us, "We wanted mums chair to be moved so she could look out of the window as we know she likes to watch the birds and what is going on outside. Every time I come in now, the chair is always by the window."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised, thorough in detail and reviewed monthly or when people's needs changed. Staff were aware of people's changing needs and the signs to look for.
- People had access to local community health services such as the home GP, dentist, optician and dentistry as well as referrals being made to specialist services such as the tissue viability nurse, dietician and urology.
- Care plans were developed from multi-disciplinary health and social care assessments. They contained guidance for staff on people's needs relating to, amongst others, communication, personal care, spiritual and cultural values, mobility and nutrition. In addition they included details of which areas people were able to undertake independently. Independent ability was promoted to maintain people's life skills.
- Care plans detailed specific areas of support for people's emotional well being. For example, one person had two dolls which she believed were her twin babies. The care plan was designed to maintain this person's 'sense of purpose, respect and well being'. It gave thorough guidance on how staff were to support the person to feed, clothe and care for the babies. This gave the person continued reassurance. New staff were to be made fully aware of this so as not to cause distress.
- Where people required specific medical needs to be met, such as pressure area care or nutritional supplementation, we found the appropriate care and monitoring procedures were in place.
- Call bell analysis showed people were assisted in a timely manner, observation during inspection showed call bells were not ringing for long periods and were answered swiftly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans. These detailed the person's hearing and sight and any equipment they required to enhance these needs.
- One person with memory loss spent most of their young life in Africa, a staff member was able to communicate with them in Swahili, which they remembered, understand and spoke.
- Information was available in large print. Pictures were used to communicate levels of pain for people with memory and verbal loss.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us they had made significant improvements in social and community engagement.
- The White Lodge had a friendly and well used café area, several comfortable lounges and extensive outdoor space to host parties and events. We observed décor and objects of interest, games being used and people engaged in entertaining activities.
- The activities team was growing and they had added to their repertoire of games, events, clubs and groups. These included, music for health, knit and natter, a walking club and gardening club. Events included, amongst others, entering South West in bloom, Grand National day, Summer Fete, School pen pal scheme and visits from the local primary schools.
- For people living in the Memory Lane community, a magic table was used independently as well as with small groups of people to encourage activity and involvement.
- The social area of Memory Lane was laid out with sofas facing each other with record sleeves of older popular songs and bands and musical instruments to prompt conversation and memories through music.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively and according to the providers policy. Timely responses, thorough investigations and satisfactory outcomes were recorded. Lessons learned following the outcome were shared with the whole staff team.

End of life care and support

- No-one at The White Lodge was receiving end of life care at the time of our inspection. However, people's future wishes and individual treatment and escalation plans were recorded in care plans.
- People had received end of life care previously, the feedback we received was highly positive of the support given to people and their families.

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 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last focussed inspection, we found the provider required more time to ensure improvements made had been embedded and sustained to maintain good governance. At this inspection we found the provider had sustained and continued to make improvements.

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

- The registered manager had made significant improvements to the service, embracing an open culture and person centred approach to care.
- Staff were aware of the expectations and visions of the management team. They felt fully invested in the ethos of delivering person centred care and of working as a whole home team.
- We received very good feedback from staff, people and their relatives about the registered manager and the positive changes they had made. Comments included, "[Registered manager] is a very good manager, always around always there to talk to when you need to", "[Registered manager] acts very promptly and keeps you informed of what is happening" and "Things have improved so much since [registered manager] arrived, I am proud to work here."
- At the time of the inspection, The White Lodge had people using the discharge to assess process alongside health and social care colleagues from local hospitals. This is a scheme designed to expedite hospital discharges whilst offering rehabilitation opportunities prior to returning home. In addition, The White Lodge were host to people from a sister home in Gloucestershire who were moved in an emergency due to recent flooding in the area.

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 registered manager was fully aware and compliant with the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular meetings to aid communication across the whole staff team. For example, there was a daily stand up meeting with all the heads of departments and the registered manager undertook a daily walk around the whole home. Every fortnight, there was an 'open door' forum where staff were encouraged to feedback and communicate issues as an employee. Resident and relative meetings were held monthly and issues raised were acted on and discussed at the following meeting.

- There were regular management and quality meetings which meant the management team at The White Lodge and senior managers had good oversight of the running of the home. These included robust monthly service audits, night time spot check visits and clinical governance audits.
 - All quality assurance and monitoring documents were thoroughly recorded and analysed with action plans in place for each area of the service. These were added to the providers central action plan for analysis and further oversight.
 - The registered manager had provided appropriate information to the local authority safeguarding teams and notifications to CQC.
- The service sought feedback from people relatives and visitors in the form of questionnaires and encouraged people to add their comments to a national care home survey website. Their latest scores were very encouraging with a score of nine out of ten.

Continuous learning and improving care; Working in partnership with others

- The consistent, organised and supportive leadership at The White Lodge had resulted in many improvements, with an ethos throughout the home which was open, person centred and had created good outcomes for people.
- The White Lodge was a large care home but it felt homely. Staff and people appeared happy. Each community appeared relaxed and calm. Staff have given very good feedback of their managers/unit leads and the support they had received.
- The service worked in partnership with their other homes, as well as their local authority and health services. Community engagement had improved and grown to include local primary schools, many more clubs and events and partnerships with emergency service personnel.
- Feedback from professionals visiting the service was positive, all the relatives we talked to spoke very highly of the care and support received for them and their family members. The staff team were motivated and enjoyed working at The White Lodge. One staff member told us, "I love working with [provider], it is the quality and standard of care that makes me feel comfortable. The care plans are straightforward, very happy with management, it has changed for the good."