

Finbond Limited

Whitchurch Lodge

Inspection report

154-160 Whitchurch Lane
Edgware
Middlesex
HA8 6QL

Tel: 02089525777

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26 June 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Whitchurch Lodge is a care home registered for a maximum of 32 people. People living in the home may have health and mobility issues associated with old age, physical disabilities or sensory impairment. The home is located close to shops and transport links. At the time of our visit, there were 31 people living in the home.

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

People were kept safe in the service by enough staff who knew them well and who had the right skills, experience and knowledge to look after them. People were protected from harm and abuse and treated with respect. There were systems in place for managing and administering people's medication which were reviewed regularly.

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.

People's needs were assessed including risks to people's health and the environment they lived in and they were monitored to ensure safety. The service was well maintained, clean and homely. Staff received training, guidance and support to do their job well.

The registered manager delivered an effective service because they worked in partnership with other health care professionals. There were up to date systems in place to monitor the quality of the service and any learning was identified and acted upon.

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

Rating at last inspection

The last rating for this service was good (published 09 January 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitchurch Lodge Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform us 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?

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Whitchurch 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.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience who made calls to family members. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Whitchurch 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. Whitchurch Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 June 2023 and ended on 26 June 2023. We visited the location's service on both dates.

What we did before the inspection

We reviewed information we had received about the service since the last 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. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people using the service, 10 family members, the registered manager, deputy manager, managing director, 4 staff and 2 kitchen staff. We reviewed a range of records which related to people's individual care and the running of the service. This included 3 people's care files, 3 staff files and medicine administration records and protocols. We also looked at a variety of records relating to the management and quality assurance of the service including policies and procedures and a range of audits.

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. 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

- The provider had clear procedures for dealing with suspected abuse. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- One person told us, "I feel safe and well looked after by the staff." A family member said, "The staff are so nice, and I would say they are very well trained and keep [relative] safe."
- Staff were trained in safeguarding procedures. One staff member said, "If I suspected abuse, I would notify the manager, there would be an investigation and the family, CQC and safeguarding team would be informed."
- The registered manager completed quarterly safeguarding audits. They checked staffs understanding of safeguarding, how they dealt with alerts, if incidents were investigated thoroughly, monitored and reviewed and if people and their relatives knew who to speak to if they had concerns.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Risk to people's safety were assessed and recorded. These included risks associated with pressure sores, fluid intake, mobility and diabetes.
- One family member told us, "It was difficult to put [relative] here but we needed to do it. Here [relative] is safe, risk free and well looked after I couldn't ask for more." Another said, "I was involved in the assessment of [relative's] needs and the risks involved."
- Staff were aware of the risks to people. One staff member said, "Needs change. We have to keep risk assessments updated. An example is someone who uses a standing hoist this might change due to the person's mobility, we need to do a risk assessment and others need to be involved like the GP, Occupational Therapist or Physiotherapist. Risk assessments tell us how to support the residents in the safest way possible and we must follow the plan."
- The provider had up to date environmental checks in place such as legionella's testing, fire risk assessment, gas safety and electrical testing.

Staffing and recruitment

- The provider had recruited enough skilled staff to meet people's needs and keep people safe.
- Various checks had been undertaken on new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- There was an up-to-date medicines policy in place. There was guidance in people's care plans instructing staff how people preferred to take their medicines.
- The registered manager completed monthly medication audits; this was to ensure that staff were administering medicines safely and any errors were being picked up and dealt with in a timely manner.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was supporting people living at the service to minimise the spread of infection.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was responding effectively to risks and signs of infection.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
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- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.
 - The service promoted safety through the layout of the premises and staff's hygiene practices.

Visiting in care homes

- The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- The management team ensured there was a culture of learning within the service.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated them and shared lessons learned.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Peoples care, and support needs were assessed prior to using the service. Health and social care professionals provided referral information to the service and the registered manager carried out assessments to consider if the service could meet people's needs safely.
- Assessments covered people's needs in areas such as medicines, health care and regular social activities. Assessment information was used to draw-up individualised care plans and risk assessments.
- People, those important to them and staff reviewed plans regularly together. During the inspection we spoke to 10 family members who all said they felt involved in their relatives care and knew about care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice.
- As part of the induction process staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The service checked staff's competency to ensure they understood and applied training and best practice. This happened through supervisions meetings, observations and staff meetings.

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

- People received support to eat and drink enough to maintain a balanced diet.
- One family member told us, "[Relative] has put weight on which is a good thing because she was losing weight before when she was at home."
- Peoples support plans clearly detailed their eating and drinking needs. For one person due to their conditions and dialysis staff monitored their fluid intake to ensure they did not exceed the permitted amount per day.
- The kitchen staff consulted with people daily offering them a choice of meals and alternatives if they didn't want what was on offer.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- During our inspection we saw people, staff and their family members enjoying spending time in the large

accessible garden.

- The home was pleasantly decorated, and people were supported to personalise their rooms.
- The provider had already renovated part of the building with new flooring and a nurse's station. There were plans in place to further develop spaces to meet people's needs.

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

- People were supported to access health and social care services when required.
- One person told us, "I have regular visits from the nurse to look at my pressure sore." During our inspection we saw the tissue viability nurse on one of their visits to the service.
- Staff worked in partnership with health and social care professionals to plan and deliver positive outcomes for people. Information and guidance from health and social care professionals such as the visiting GP, dietitians and occupational therapists were documented within people's care plans.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.
- We saw the manager was working with the supervising body (the local authority) in assessing where people required applications to be made under DoLS. Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection, we found authorisations were in place and kept under review by staff.

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. 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 provider, registered manager and staff team promoted a positive culture at the service which supported people to live full lives. There was a strong emphasis on improving lives for people at the service and supporting them in the best way possible.
- People and their relatives spoke positively about the care and support they received. Comments included, "I recommend this service its excellent, I have no concerns whatsoever," "Staff always come when I press the call bell, I don't have to wait long," "Staff go above and beyond", and "The management know what they are doing and its well run."
- The registered manager was active and involved in the day to day running of the service which promoted a positive well-led culture within the home. Staff told us they received relevant training and good support from management. One member of staff told us, "Managers are really good, they are knowledgeable and approachable, we all work as a team."

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 understood their responsibility to keep people informed when incidents happened in line with the duty of candour.
- The registered manager had notified us of incidents and the action they had taken to make improvements and reduce the risk to the people they cared for and staff.

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

- The registered manager, deputy manager and staff understood their roles and the quality assurance system for the service and there were clear lines of communication in place.
- There were systems in place to monitor the quality and safety of the service on a regular basis. Audit checks for the service included home environment, medicines management, health and safety and infection control.
- The provider had introduced a new electronic system that contained people's initial assessments, care plans, risk assessments, reviews and occurrences such as medical appointments and activities. One staff member told us, "We now have I pads to update our work during the day as it happens. "
- People, relatives and staff were positive about the way the service was managed. A family member told us, "I know I can speak to the manager. I am happy with the service so far."

- Staff gave us positive feedback regarding the leadership style of the managers and said how well run the service was. A staff member said, "The managers are very approachable, and I feel I can go to them with any issues or queries. They are very quick to come back to us and action things they're right on it, which is good."

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- People their relatives and staff had varied opportunities to give feedback about their experiences of living and working within the home. The provider carried out surveys twice a year, send out feedback forms monthly and held regular meetings for the people who lived in the service.
- People were offered a variety of activities to join in with during the day. One family member told us, "[Relative] likes joining in the activities especially the morning exercise classes in the lounge, they have an activities person who does this." During the inspection we saw people being supported to use accessible I Pads, access the garden, play board games and listen to music.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider recognised the importance of regularly monitoring the quality of the service to help drive service improvements. Staff had regular opportunities to discuss the service and share ideas in staff meetings and individual supervisions.
- Senior staff members supported more junior members to ensure the smooth running of the service. One staff member told us, "I also work on the floor if needed this is to enable the team leaders and managers to get on with what they need to do. I work with the team to ensure that the service is run smoothly, and that staff are fulfilling their duties and if needed I am there to guide them."
- Staff told us the communication with management was good, and they received ongoing support through regular learning and development and supported to work on areas where they [management] felt some improvements could be made. This made them feel confident in what they were doing.

Working in partnership with others

- The service worked with a range of health and social care professionals to discuss people's health and social well-being and to ensure their needs were well met. Effective partnership working had been established with health and social care professionals such as local authorities, community mental health teams and GP's.
- The provider regularly attended local authority provider forums where they could learn and share best practice and initiatives.