

R&F Care Ltd

Whitelodge Care Home

Inspection report

101 Downend Road
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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

Whitelodge Care Home is a residential care home providing accommodation and personal care for up to 21 people. At the time of the inspection there were 18 people living at the home. There were communal lounges and dining areas. People also have access to a garden area.

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

All staff understood their responsibility to keep people safe from harm. People were supported to take positive risks. Risks to people had been assessed with actions in place to help keep people safe. There was enough staff to safely provide care and support. Checks were carried out on staff before they started work to assess their suitability. Medicines were well managed, and people received their medicines as prescribed.

The service was effective in meeting people's needs. Staff received regular supervision and support. The annual training programme equipped staff with essential skills and knowledge. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. 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 home supported this practice.

Staff were caring, and people were treated with kindness and respect. Staff knew people well and understood how to communicate with them. People's privacy was respected, and their dignity and independence promoted. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner.

The home was responsive to people's health and social needs. People's care records were reflective of people's individual care needs and preferences. They were reviewed on a regular basis. People knew about the home's complaints procedures and knew how to make a complaint.

Staff were enthusiastic and happy in their work. They felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential. Quality monitoring systems were in place, and the provider completed various audits to assist them in monitoring and helping them to identify how to improve people's experiences.

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

Rating at last inspection

The service was taken over by another provider and registered with us on 16 December 2020. This is the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014

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.

Follow up

We will continue to monitor information we receive about the home 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 responsive findings below.

Good ●

Whitelodge Care Home

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

The inspection was carried out by two inspectors.

Service and service type

Whitelodge Care Home 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. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we had received about the home since they registered with us. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was 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 took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy, three staff, and six people. We observed staff practices and how they interacted with people. We reviewed a range of records relating to the management of the home. This included people's care records, training records and staff recruitment records. We considered all this information to help us to make a judgement about the home.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person told us, "The staff are all kind and caring. I feel safe as the staff are here when I need them. Another person told us, "Yes, really safe".
- The staff had received safeguarding training and regular updates were provided. They told us they would speak to the registered manager or director if they believed people were at risk of abuse.
- Safeguarding concerns had been raised appropriately with the local authority, and notified to CQC, as needed. The registered manager kept a log of any concerns raised with any investigation reports included.
- Staff understood whistleblowing and there was a policy in place to support them.

Assessing risk, safety monitoring and management

- Risks to people were appropriately managed. There were risk assessments in place for people, which covered a range of personalised tasks and the environment. Information included the steps staff should take to reduce or remove identified risks to people.
- Where people required additional support to mobilise or transfer safely, individual moving, and handling risk assessments were completed. For example, where people required the use of moving and handling equipment, information on the type of equipment to be used was recorded.
- Maintenance records were checked, which included water, fire, electrical and gas supply. This showed regular checks were undertaken. Systems were in place to ensure the home kept up to date with annual safety checks in relation to fire safety equipment, portable electrical equipment and gas.

Staffing and recruitment

- People told us there were enough staff to support them with personal care and to help keep them safe. One person told us, "I think we have enough staff. They are always around when I need them".
- Staffing levels were planned and organised in a flexible way to support people with their daily needs and for additional activities and appointments outside of the home. Staff confirmed there was sufficient numbers of staff to support people.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Using medicines safely

- Medicines were managed safely. The home used a single dose medicines system.
- Staff had received training in safe medicine administration and their competencies were checked

regularly.

- Where people required assistance applying topical creams, records provided information on where and when these should be applied. This included visual body maps to identify where staff were required to apply creams for each person.
- Daily temperatures of the room and fridge were taken and recorded to ensure both the room and fridge remained at a safe temperature. Each person had a medicines administration record (MAR) detailing each item of prescribed medication and the time they should be given. Staff completed the MARs appropriately.
- Medicines were audited regularly and were stored in a locked room and medicines trolley. There were safe systems in place for the receipt and disposal of medicines.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

The provider was following guidance in relation to visiting at the home. At the time of the inspection the home was open to visitors. The registered manager told us that visits were pre booked. People's relatives and significant others were given the option to become an essential care giver. This meant they would be still able to visit if the home experienced an outbreak. The registered manager told us that in the event of an outbreak the home still facilitated end of life care visits when people were unwell.

Learning lessons when things go wrong

- The provider and registered manager took appropriate action when things went wrong, to improve standards at the home.
- Appropriate action was taken if people had accidents and records were kept of these.
- The provider and registered manager complied with any requests made by the local authority or CQC regarding enquiries or investigations.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager carried out pre-admission assessments to ensure the home was able to meet the person's needs.
- People's care plans were detailed for each identified need they had. Staff we spoke with had a good understanding of each person and knew how to deliver their care and meet their needs.
- People's protected characteristics and diversity were considered and acted upon; staff took into account characteristics such as disability and religion when planning people's care.

Staff support: induction, training, skills and experience

- The staff we spoke with confirmed they received regular one to one supervision and an annual appraisal. As well as one to one supervision, group supervision was carried out at times during the COVID-19 pandemic.
- New staff had an induction period where they were mentored by senior staff and observed until they were competent within their role and ready to work independently.
- Staff were up to date with mandatory training. Examples included, safeguarding, moving and handling, infection control and health and safety. Some staff had undertaken medicines training and were able to administer medicines to people.
- One staff member told us how they were looking forward to undertaking their NVQ level 3. They were keen to develop within their role.

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

- The registered manager listened to the views of people living at the home and offered a variety of different meals options daily. People told us there was a choice of meals and alternatives were provided.
- On the day of the inspection, people were being treated to fish and chips from the local takeaway shop. People were able to choose alternative options from the takeaway menu if they did not like fish. One person for example chose to have a cheeseburger with chips.
- We observed lunch, which was a sociable experience. Most people were sat at tables in dining areas around the home. Some people chose to eat in quieter areas of the home. This included their bedroom.
- Staff took advice from speech and language therapists when this was needed for people. The staff were aware of people's dietary needs. The registered manager had put together a list for the staff with information about people's dietary and culture needs.
- One person that lived at the home liked to eat foods and meals of their culture. The staff had researched different meal options with the person and family, which were provided. The family also liked to prepare

homemade food for the person.

- Drinks and snacks were accessible to people when they were hungry. The home had a snack cupboard where people could help themselves to crisps and chocolate.
- People's weight was monitored regularly depending on their nutritional assessment. Staff were aware of the people who were at risk of malnutrition.

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

- Staff were attentive to people's health needs. We saw in people's care records that they had access to a range of healthcare professionals including GPs, district nurses and the dementia wellbeing team when they needed them.
- If people needed to see a GP the staff arranged this on behalf of people. They contacted the GP and requested a visit. The registered manager explained the GP's from the local surgery were not always keen to visit due to the COVID-19 pandemic. If people did need a visit it was often a nurse practitioner who visited. We spoke to the registered manager about how she could feedback any concerns they had.

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

- The home was fully accessible for people who used wheelchairs to mobilise. Where people had additional mobility needs, suitable equipment was in place. For example, hoists, and a lift.
- The communal areas of the home were spacious, clean and tidy. The home had ample space for people, and staff respected when people wanted to have time alone in their bedrooms.
- Since being taken over by a new provider the home was going through a programme of refurbishment and modernisation. People's rooms, corridors and lounge areas were being redecorated with new flooring laid and curtains. Work was being undertaken to the exterior of the building. This included rendering and painting the front and side of the home.

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, 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 confirmed if they had capacity. Where people lacked the capacity to make their own decisions a mental capacity assessment was in place. This was to confirm the person lacked capacity and who had been involved in the best interest decision process.
- Applications had been made to the local authority to deprive people of their liberty to ensure their safety where required. The registered manager actively monitored these applications and notified us of any authorisations.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff had a good understanding of the importance of understanding and respecting people's differences and were knowledgeable about diversity and human rights.
- The atmosphere in the home was calm and friendly. Staff were observed talking to people in a kind and affectionate ways. Interactions between staff and people showed positive relationships had been developed. The majority of the staff had worked in the home for many years offering people stability and continuity.
- Staff knew how to support people's diversity needs including their religious and cultural beliefs and traditions in areas such as diet and personal care needs.
- People were treated well by staff who were kind, caring and knew them well. People looked calm and appeared happy and at ease around staff. One person told us, "The staff care for us all really well. They are all lovely. We are lucky to have them". Another person told us, "Yes. They treat me really well. All the girls like to make a fuss of me".

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

- People had the opportunity to take part in resident's meetings. These meetings gave people the opportunity to communicate with one another and to make suggestions. The registered manager understood the importance of involving people in making decisions for themselves wherever possible.
- There was a notice board containing information about events, activities and other news about the home.
- Surveys were sent out regularly to provide another way for people to feedback their thoughts and ideas. Feedback was positive about the home with most saying the support they received was very good. At the last 'resident's meeting' the results from the last survey were discussed with people.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and their need for privacy. For example, some people liked to spend time alone in their rooms. Other people chose to spend time in communal areas with friends and staff.
- People's independence was promoted as much as possible. People's care plans detailed people's abilities and reflected how people's independence should be promoted.
- Staff supported people to choose what they wanted to wear and to ensure clothes were suitable to the season.
- Staff knocked on bedroom doors and waited before entering people's rooms. When staff were supporting people with personal care, people's doors were closed to maintain their dignity.

- People's rooms were personalised with their own possessions, photographs and personal items. This helped to make each room personal and homely for people.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 records contained personalised information about people's care and treatment needs. This included information for staff on how to provide people with safe and effective care. Staff told us they read people's records and were kept well informed about their needs.
- Staff knew people well and could tell us about people's needs including their individual likes and dislikes.
- Staff told us how they communicated with people and their relatives to obtain important information in relation to people's needs and preferences.
- Daily records were also completed for each person. These were completed by the staff to ensure they had up to date information about people's current needs.
- The staff at the home had supported people by providing personalised care and support. We were given examples, whilst speaking with people of how the staff had supported them. The staff had supported people to set and achieve goals. This included for example, taking part in certain activities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified through care planning and the initial assessment. This included people's needs with regards to their language, hearing, sight and speech.
- We were told if people required information in different language and in formats, they could make them available.
- The home looked after people whose first language was not English. The staff spoke slowly, using hand gestures, facial expressions and meaningful one words. The family also helped to translate information. An interpreter was used when some decisions around their care needs needed to be made.

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

- People are encouraged to communicate with friends and family through face to face visits and via different methods such as video and phone calls.
- There was an activities coordinator who was responsible for planning and organising activities in the home. They sought people's views about the type of activities that were offered.

- There was an activity list on the wall detailing the activities for the week. A variety of activities were on offer for people. This included bingo, outings and films. People were supported to do things that they enjoyed.

Improving care quality in response to complaints or concerns

- Staff and management listened and learnt from people's experiences, in a positive and responsive way. Formal complaints had been managed in accordance with the provider's policies and procedures.
- People told us they knew how to make a complaint and the management team took immediate action to address anything they were not happy with.

End of life care and support

- At the time of the inspection the home was not supporting any person with end of life care. The registered manager and staff explored people's preferences and choices in relation to end of life care. Records included people's preference and information about their culture and spiritual needs.
- The registered manager and staff spoke passionately about caring for people who were end of life care. They had cared for an ex staff member who passed away at the home surrounded by loved ones and the staff team. The registered manager told us they were privileged to have been able to care for them.
- The home was supported by a variety of health professionals that were able to support people who were receiving end of life care. This included the district nurse team and local GP surgery.
- The home had received an array of compliments from relatives regarding the care people had received at the end of their life. An example included, "Your care, love and kindness went above and beyond what I could have ever hoped for in a care home".

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.

This is the first inspection for this newly registered service. This key question has been rated 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 registered manager and the staff were committed to supporting a person-centred approach for people living in the home. The provider promoted an ethos of openness and transparency, which had been adopted by the management and staff team.
- The registered manager was proud of the staff and the home. Staff felt that the working culture in the home was supportive. Comments included, "The manager is really supportive of me. She also wants the best for people" and "The manager is approachable. I do feel supported. We have a lovely team here".
- The registered manager and senior staff led by example, which influenced staff's attitude to work in a positive way. Throughout the inspection the registered manager took time to speak with people. They showed a genuine compassion for people and staff.

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 and deputy understood their responsibilities under the duty of candour.
- The required statutory notifications were submitted to CQC following significant events at the home.

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

- There was a clear organisational structure and staff understood their roles. The registered manager, deputy and senior staff had designated responsibilities for various areas of the home, including medicines and infection control.
- Clear systems were used for monitoring and auditing the quality of care and support for people. This included audits for medicine management, infection prevention and control and of people's care records.
- The provider completed regular audits of the home to check they were happy with the running of the home. Feedback was given to the registered manager after each weekly visit. Actions were set by the provider to help drive improvements.

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

- Staff meetings were regularly held with the team. Staff told us they felt confident their views and feedback would be listened to and acted upon. At the last staff meeting, the registered manager discussed guidance changes in relation to testing staff for Covid.

- There was good communication between staff members who focused on providing quality care for people. The registered manager and deputy met with staff daily during handover meetings.
- Staff told us that there had been recently many positive changes to the home. For example, the new provider had invested time and money into the home. One staff member told us, "It is nice to come to work in a newly decorated home. We still have a way to go but everything is positive".
- The registered manager had a system in place to formally gather feedback about the quality of care from people. Surveys captured people and relative's views. The feedback received was used to help drive improvements.

Continuous learning and improving care. Working in partnership with others

- The registered manager worked closely with other homes in the area to share good practice. Changes regarding the home and government guidance were communicated to staff at meetings and handovers.
- The home worked with health and social care professionals to provide joined up and consistent care for people.
- The home worked well with other agencies where needed, for example the dementia wellbeing service. They ensured that they collaborated with other stakeholders to ensure the best possible outcomes for people.