

Mr M J and Mrs C S Topping

# White Lodge

## Inspection report

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Date of inspection visit:  
24 July 2017

Date of publication:  
12 September 2017

## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

This inspection took place on 24 July 2017 and was unannounced. The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident.

However the information shared with the Care Quality Commission about the incident indicated potential concerns about the management of risk of unsafe equipment and unsafe moving and handling. This inspection examined those risks.

We received information that potential risks to people's safety including moving and handling had not been assessed consistently and staff did not have detailed guidance to follow to mitigate risks to people. Care plans were not up to date and did not reflect people's needs, there was a risk that people were not receiving safe and effective care.

White Lodge is a residential care home for up to 27 older people who require personal care. On the day of the inspection there were 20 people living at the service. The service is in the residential area of Cliftonville and provides accommodation and communal areas over three floors. Some bedrooms have en-suite facilities, with shared bathrooms and toilets for the rest of the rooms.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The day to day running of the service was managed by the registered manager and the provider. We were supported by the registered manager and provider during the inspection.

People told us that they felt safe living at the service. However, the provider had not consistently completed checks on the environment and equipment to ensure people remained safe. There was a fire risk assessment but there were no personal emergency evacuation plans (PEEP) for each person, to inform staff how to evacuate people safely. There was no evacuation equipment in place to support people to leave the building in an emergency. External fire doors were locked with keys, one door did not have a key available and the other keys were not stored securely to reduce the risk of them being lost. We informed Kent Fire and Rescue Service of our concerns.

There was no gas safety certificate or records of checks being completed on electrical equipment available at the inspection. The provider supplied gas certificates following the inspection but some of the electrical certificates supplied were not up to date. Windows on the first and second floors, that people had access to, did not have restrictors to stop them opening fully to help keep people safe. Following the inspection, the provider told us they were purchasing restrictors for each window and had completed risk assessments for

the people in the rooms to ensure their safety.

People told us that they received their medicines when they needed them. However, medicines were not consistently managed safely. There were audits of the medicines completed but these had not identified the shortfalls found at this inspection.

There were no systems or processes, with the exception of medicines, in place to check the quality of the service provided. Feedback from staff and relatives had been sought and used to improve the service. The registered manager told us people had refused to complete surveys, but no other options had been considered to record people's thoughts about the service.

There was not an open and transparent culture within the service; staff were not informed of events within the service so they could learn and improve practice. Staff did not always feel they were able to approach the registered manager with their concerns and felt they were not always listened to. The registered manager and provider were responsible for the day to day management of the service.

People were not always protected from the risk of possible harm. Risks to people had not been consistently recognised and assessed; staff had not always been provided with guidance on how to reduce risks. Accidents and incidents had been recorded and analysed, action had been taken to reduce the risks of them happening again.

Each person had a care plan; the care plans had not been consistently reviewed and did not always reflect people's needs and preferences. Staff knew people well and understood how people preferred their care to be given.

Staff knew about abuse and knew what to do if they suspected any incidents of abuse. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service.

The provider had a recruitment policy; however, this had not been followed consistently. There were sufficient staff to meet people's needs.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff understood how the Mental Capacity Act (MCA) 2005 was applied. People were encouraged to make choices and staff gained consent from people before supporting them. People's capacity had not been assessed and documented consistently. When people did not have capacity, best interests meetings had not been documented to show how decisions had been made. We have made a recommendation about this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these are agreed by the local authority as being required to protect the person from harm. The registered manager had applied for DoLS authorisation as required.

Staff received training appropriate to the role and they understood their role and responsibilities. Staff told us that they did not always feel supported by the registered manager and provider. The staff had not always been informed of developments within the service and this had made staff feel unsettled and uninformed.

People enjoyed a choice of healthy meals and told us they had enough to eat and drink. People's health was assessed and monitored and staff took prompt action when they noticed any changes or decline in health. Staff worked closely with health professionals and followed guidance given to them to ensure people received effective care.

People told us they were happy in the service and that their privacy and dignity were respected. Staff spoke with people in a patient, kind, caring and compassionate way. People told us that they were supported in the way they preferred. People's religious and cultural needs were recorded and respected.

People knew how to complain and told us they had no complaints about the quality of the service or the support they received from the staff team. The provider's complaints process was not up to date and did not give people clear instruction about how to make a complaint, who to make it to and when they would receive a response. Checks had not been completed to make sure that complaints had been fully investigated in an open and transparent way and that people were satisfied with the response they received.

There were limited activities available; an activities organiser was being recruited to improve the range of activities available. People's friends and family could visit when they wanted and there were no restrictions on the time of day.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

We found four breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have made a recommendation about recording of capacity assessments and best interests decisions. You can see what action we told the provider to take at the back of the full version of this report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 not safe.

Checks had not been consistently completed on the environment and equipment to keep people safe.

Potential risks to people's health had not always been assessed and there was not always clear guidance in the care plans for staff to follow to reduce risks.

People's medicines were not recorded and managed safely.

Staff were not always recruited safely. There were sufficient staff on duty.

Staff knew signs of abuse and received training to ensure people were protected from harm but did not have an up to date policy to follow if they had concerns.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

Staff did not consistently receive supervision and appraisals. Staff received training appropriate to their roles.

Staff were working within the principles of the Mental Capacity Act 2005, however, assessments of people's capacity had not been considered or completed.

People were provided with food and drink to meet their needs and were able to access healthcare services when required.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff treated people with dignity and respect.

Staff were kind and caring when providing support.

**Requires Improvement** ●

Staff supported people to maintain their independence.□

### **Is the service responsive?**

The service was not always responsive.

Care plans did not always reflect people's wishes and preferences. The care plans had been reviewed but had not been updated to reflect people's changing needs.

There were limited activities available.

The provider's complaints process was not up to date and did not give people clear instruction about how to make a complaint, who to make it to and when they would receive a response.

**Requires Improvement** ●

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

The service was not well led.

There was not an open and transparent culture within the service; staff were not informed of events within the service. Staff did not always feel they were able to approach the registered manager with their concerns and felt they were not always listened to.

There were no systems or processes, with the exception of medicines, in place to check the quality of the service provided.

Feedback received had not been used to drive improvements within the service.

Records were not accurate and up to date.

**Inadequate** ●

# White Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of White Lodge commenced on 24 July 2017 and was unannounced.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about management of risk of unsafe equipment and unsafe moving and handling. This inspection examined those risks.

The inspection was carried out by two inspectors.

The provider had not completed a Provider Information Return (PIR) as the inspection had taken place sooner than planned. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the records we held about the service, including details of any statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

We looked around all areas of the service and talked to people who lived there. During our inspection we observed how staff spoke with and engaged with people. We did not use the Short Observational Framework for Inspection (SOFI) as people were able to speak with us.

We spoke with staff, the registered manager and provider. We received feedback from other health and social care providers before and after the inspection.

We looked at how people were supported throughout the inspection with their daily routines and activities. We reviewed five care plans and associated risk assessments. We looked at a range of other records, including safety checks, staff files and records about how the quality of the service was monitored and managed.

We last inspected White Lodge in October 2016 when there were no breaches of regulations.

## Is the service safe?

### Our findings

People said they felt safe living at the service. One person told us, "They check me at night that makes me feel safe." Another told us, "I just feel safe knowing they are there." However, regular health and safety checks of the environment, including fire safety, had not been completed to help ensure people were safe.

The provider had asked an outside contractor to complete a fire risk assessment. They had recommended that personal emergency evacuation plans (PEEP) were completed for each person. A PEEP is a detailed plan giving information about a person's physical, mental and communication needs, to ensure they can be evacuated safely. There were no PEEP's in place at the time of the inspection. The registered manager had thought that PEEP's were not required. Some people needed the use of equipment to help them evacuate. There was no evacuation equipment in place, for staff to use to assist people to leave the building in the case of an emergency.

External fire doors were locked with keys. One door did not have a key near it. The provider said that a new lock had been fitted to this door because the key to the previous lock had been lost. Action had not been taken to make sure the key to the fire door was nearby in case of a fire. Other doors had keys near them but they were not stored securely to make sure they were always available in an emergency. During the inspection the provider ordered break glass boxes to store the keys in, next to the doors. The provider informed us after the inspection the boxes were in place. The provider had completed monthly and weekly checks on fire safety equipment but had not picked up any shortfalls. We referred our concerns to the Kent Fire and Rescue Service.

There were some windows, accessible to people on the first and second floors that did not have restrictors in place, to stop them opening fully. The risk of people falling from the window had not been assessed. Following the inspection the provider told us they had assessed the risk to people and was purchasing restrictors to be fitted.

The provider did not have copies of the landlord gas certificate and electrical checks at the time of the inspection, the provider told us the checks had been completed but they could not find the certificates. Gas safety and electrical certificates were sent to us following the inspection, however, the certificate for the testing of portable electrical equipment was out of date.

There were thermostatic valves on the hot water taps, to keep the water at a safe temperature to prevent scalding. There had been no checks completed to make sure that the water was not too hot. We checked the water temperature in one room and found it to be too hot to comfortably hold our hands under. The registered manager told us that staff checked the bath water temperature before people got into the bath but records of this were not kept. The provider told us the water temperatures would be checked weekly after the inspection and action would be taken to rectify any water temperatures that were too hot. We will follow this up at the next inspection.

We checked equipment used to move people including hoists. Equipment used by staff to support people to

move around the service had been serviced regularly. There had been no faults found with the hoists or slings.

The provider had failed to ensure the environment was safe. The provider had failed to provide guidance to evacuate people safely in the event of an emergency. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before the inspection concerns had been raised by health and social care professionals, that risks to people's health and safety had not been assessed and action taken to reduce the risks. The registered manager had been working with the specialist nurse from the local community team to update care plans and risk assessments. During the inspection we reviewed care plans, some that had not been updated and some that had and found that care plans and risk assessments were not always accurate and up to date.

Staff told us that a person needed to be assisted with their meals and they were unable to eat a normal diet safely. Staff had been assisting the person with a soft diet and the person needed the full support of staff. The care plan was inaccurate and stated the person needed minimal assistance and ate a normal diet. There was a risk that the person would not receive food and drink safely. The registered manager told us that they would update the care plan and risk assessment immediately.

The registered manager told us that there were no people at the service living with epilepsy. However, one person was receiving medicine to control epilepsy and had a diagnosis of epilepsy. There was no reference to epilepsy in their care plan and no guidance to make staff aware that there was a risk the person may experience a seizure and what to do if they did.

The risk assessments for people who had difficulty moving around the service, had recently been reviewed and now contained detailed information about how to move people safely. Previously, moving and handling assessments had not been completed for all the people living at the service who needed support to move around. The provider had not always completed risk assessments to show how risks would be mitigated

The provider had failed to provide guidance to staff to mitigate risks to people and keep them safe. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received their medicines on time. We observed medicines being administered. People were given time to take their medicines and staff answered any questions that people had. However, medicines were not always recorded and managed safely.

Some medicines once opened were effective for a limited period of time. The date eye drops and bottles of medicines had been opened had not been recorded. Some tablets were past the expiry date, there was no record that the medicine had been given since the expiry date. There was a risk that people would receive medicine that was not effective as it was out of date.

Some people were prescribed medicines 'when required', such as pain relief. Guidance had not been provided to staff about when these medicines should be given, how often and the maximum dose in 24 hours. There was a risk that people would not receive their medicines as prescribed.

One person had found it difficult to swallow their tablets; staff had spoken to the GP and had been instructed to crush the tablets. Staff had not requested advice from the pharmacist to check that it was safe to crush the tablets and if this would not affect the effectiveness of the medicines. There was a risk that the medicines would not be effective.

Medicines should be stored at a temperature below 25 degrees to ensure they remain effective. Staff had been recording the temperature of the room the medicines were stored in, but had not taken any action when the temperature had been recorded as constantly above 25 degrees. There was a risk that medicines would not be effective. Since the inspection, the provider told us that an air conditioner has been purchased to reduce the temperature in the room. We will follow this up at the next inspection.

The provider had failed to manage medicines safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had recruitment and disciplinary policies and procedures; however, this was not followed consistently. Disclosure and Barring Service (DBS) criminal record checks helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

One staff member employed in October 2016, to work during the night, did not have a DBS on file or evidence that one had been seen. There was confirmation from Adult First that the person was not barred from working with vulnerable adults. Following the inspection, the provider told us that they had applied for a DBS and the person was now working during the day so they could be supervised. Another member of staff employed in May 2017 only had one reference on file instead of two. Following the inspection; the provider told us that they had received a second reference. We will follow this up at the next inspection.

The provider had failed to have effective recruitment and selection procedures to ensure staff were of good character. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that there were sufficient staff on duty to meet their needs. One person said, "They always come when I call and help when I need it." Staff began work at 7am as people had told the provider that they would like to get up early. An additional member of staff was deployed in the morning and in the evening to support people to get up, washed and dressed and go to bed when they wanted to. The provider was introducing a dependency tool to support them to make sure staff were deployed when needed. Staff worked as a team to cover any annual leave or sickness. Staff told us that they felt there was enough staff and the additional member of staff in the morning and evening meant they were able to meet people's needs. Staff were able to contact the registered manager and provider when needed.

The registered manager knew how to raise safeguarding concerns with the Local Authority and the need to notify the Care Quality Commission. The provider's safeguarding policy was inaccurate and needed to be revised to reflect practice at the service and make sure staff had clear information about how to raise concerns inside and outside of the organisation. The registered manager agreed that the policy did not provide staff with the correct guidance. The registered manager had a copy of the Local Authority safeguarding policy on their computer for reference, however, this was not up to date.

Staff knew what to do if they suspected any incidents of abuse. Staff told us, "If I had any concerns I would speak to the manager, I would go to social services if I was not happy." Staff were confident that the registered manager would deal with any issues appropriately.

Care staff knew how to keep people safe and understood their responsibilities for reporting accidents and incidents to the registered manager. Any accidents or incidents were analysed to look for any trends. When a pattern or theme was identified action was taken to refer people to health professionals such as occupational therapists, to reduce risks and keep people safe.

## Is the service effective?

### Our findings

People told us that staff supported them when they needed them. People were confident in the staff. People told us they were given choices about their support, one person told us, "The staff come and help me at the time I want, they know what I like." People told us they enjoyed the food, one person commented, "I always like the meals, there is plenty to eat."

Staff completed training on line. Some training was completed face to face including moving and handling and medicines. These were facilitated by the provider. The provider completed refresher training annually to keep their skills up to date. However, a person had been injured while being moved by the registered manager and provider using a hoist. The local safeguarding authority investigated the incident and the Care Quality Commission are making further enquiries. Since then, the provider had ensured that all staff, including the registered manager, attended additional training to remind them about how to use the hoist safely. A memo was also sent to staff reminding them of the process which they had to sign to say they understood and would follow the guidance. Observations and competency checks of staff when using equipment to move people had not been carried out.

Checks on staff's practice were not completed to make sure they continued to work safely. The registered manager told us they observed staff but did not record these checks to make sure that any development needs were addressed. Action had been taken when shortfalls in staff's practice were observed. For example, the registered manager observed a staff member move a person in a wheelchair without footplates. They stopped the staff member and did the supervision immediately.

Staff had not received one to one supervisions in accordance with the provider's policy for several months. The registered manager was aware of this but had not put a plan in place to address the shortfall. There was an annual appraisal system in place and was last completed at the end of last year.

The provider had failed to ensure that persons providing care and treatment have the competence, skills and experience to do so safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff completed an induction when they began working at the service and shadowed more experienced staff to get to know people, their preferences and choices. Staff who did not have a recognised qualification in care completed the Care Certificate. This is a nationally recognised qualification that provides care staff with the skills to perform their role.

Staff had completed basic training and further training to meet people's needs including dementia awareness, and how to prevent skin damage. Staff told us they felt they received training appropriate to their role. During the inspection, we observed staff supporting people safely with their mobility and using the hoist to transfer people. Staff told us that the training they received was appropriate to their role and they were able to support people safely.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Before the inspection, concerns had been raised by social care professionals, that the provider was not assessing people's capacity to make decisions. At the inspection we found that the registered manager had started to assess some people's mental capacity. The registered manager showed us examples of capacity assessments they had completed. The assessments did not cover all the day to day decisions people made, to give staff guidance about how to support people if they were unable to make a decision.

Not everyone's capacity had been assessed so staff did not have written guidance about the support people might need to make decisions and give consent. For example, one person's mental capacity had not been assessed since they had started living at the service. The person's health had deteriorated and this had impacted on their ability to make decisions but this had not triggered an assessment. Staff told us how they supported the person and responded to the person's body language to decide if they liked the food or when they had eaten enough. The staff knew the person well and told us that they knew what choices the person had made when they were well and used this to make decisions in their best interests when supporting them.

Staff understood when it would be necessary to make decisions in people's best interests and gave examples of occasions when this had been done. Best interests decisions and meetings had not been recorded when they had taken place so there was no record of how a decision in a person's best interest had been made and by whom. Staff gave people choices throughout the inspection, people were able to choose where they spent their time, what they wanted to eat and drink. People were asked for their consent before staff provided support, staff respected people's decisions, for example when a person with capacity decided not to adhere to a healthy diet.

We recommend that the service seek advice and guidance from a reputable source, about the assessment and recording of people's capacity and best interests decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 people of their liberty were being met. Applications for DoLS had been made in line with guidance and authorisations had been notified to the Care Quality Commission as required.

People enjoyed a choice of healthy food and drinks and told us, "I like the food, I enjoy the mealtimes." and "If I don't like something they will do something else for me." People's choices and preferences were respected. For example, one person did not want their main meal at lunchtime so the chef made them a cheese sandwich and kept their dinner for later in the day.

Meals were a social time and people sat together chatting in the dining room. The food looked appetising and people ate well. Staff were attentive to people's needs at mealtimes. There were constant checks to make sure people were enjoying their meal, staff offered any assistance needed.

The catering staff were aware of people's needs and preferences. They provided alternative meals when

people did not like or were unable to eat the choice of meals on the menu. Staff followed guidance given by specialist health professionals. For example, some people required their meals fortified with high fat products.

People had access to specialist health professionals when they needed it. People told us that when they needed a doctor the staff supported them to see one. People had regular visits from the optician and chiropodist to help them stay as healthy as possible. Staff worked with health professionals, such as community nursing teams. Staff monitored people's health and took prompt action when they noticed any changes.

## Is the service caring?

### Our findings

People told us they were happy living at White Lodge and the staff were kind and caring. One person told us, "The staff are really kind to me," another commented, "The staff cheer me up and make sure I am ok."

The registered manager and provider were visible at the service on a day to day basis and provided support to people when needed. There was an incident when a person was injured while being moved in the hoist by the registered manager and provider. Changes had been made since the incident but the provider had not shared information with staff so they could be involved in making changes. People told us that they felt staff knew how to support them with their mobility and they felt safe.

Staff communicated effectively with people and each other, speaking quietly and patiently, allowing people to respond in their own time. Staff spoke to people while they were in the communal lounges, stopping to check they were alright and if they needed anything. Staff treated people with dignity and respect; they spoke to people discreetly, ensuring privacy when giving support. Information was not provided to people living with dementia in a meaningful format. For example the complaint procure was not produced in an accessible format.

Staff knew people well and spoke to them about the things they enjoyed and knew how to support people when they became anxious. Before lunch was served people were sitting up at the table and one person became anxious. A member of staff went over to the table and encouraged the people to start singing, as they knew this helped the person. The group enjoyed the song and burst into laughter at the end, the person thanked the staff, for their support.

People told us that staff knocked on their door before they entered and asked them if they wanted support. "The staff help me when I need them, I know they keep an eye on me to make sure I am ok." Another commented, "They make sure that I am covered up when they help me wash and they don't rush me."

People were encouraged to maintain their independence, staff supported people to do what they could when giving them support. One person told us, "I need help but I am not helpless, staff know this and let me do what I can." Staff supported people discreetly when in the communal areas; one person was coughing after they had drunk their tea quickly. Staff provided tissues and sat with the person so that other people were not able to see the person coughing. When the person felt comfortable they thanked staff and went back to chatting with other people.

Staff knew people's choices and preferences. One person became anxious when they thought they would have to eat a hot meal. Staff told them that they had arranged for a sandwich. The person took their hand and thanked them for their kindness.

People told us that their relatives and friends were able to visit at any time and there were no restrictions. Staff told us that they supported people to have privacy when they had visitors, "If we know family visit on a certain day or we know before, we make sure that people are in their room, if they prefer."

People's choices and preferences for their end of life were recorded to make sure that their care and support was provided in the way they had chosen. People's religious and cultural needs and preferences were recorded and respected.

People's care records were stored securely to protect confidentiality. Most records were located promptly when we asked to see them but were not all accurate and up to date. Staff understood their responsibility to keep people's information confidential.

## Is the service responsive?

### Our findings

People told us that staff responded to their needs if they changed and that call bells were answered promptly. During the inspection staff were responsive to people's needs. One person told us, "They answer the bell quickly and do whatever I ask them to."

When people were thinking of moving into White Lodge a pre-assessment was completed by the registered manager, to check whether they could meet people's needs or not. However, there had been two occasions recently where people had been asked to move out of the service not long after moving in. They had been assessed by the registered manager, but it had quickly become apparent that the service was unable to meet these people's needs. One person had caused anxiety to other people living at the service, by trying to tell them what to do, that they were doing things wrong and when to go to bed. Another person had become aggressive towards staff. The person had then received one to one care to keep people safe until they moved from the service. The pre assessment process had relied on what the registered manager was told and there was a risk that not all the relevant information had been obtained to make sure the service was able to meet the person's needs.

Each person had a care plan. The care plan, where possible was signed by the person to say that they agreed with the contents, and gave details of the person's preferences and choices. The information about people's health and support needs was not always relevant and up to date. The registered manager reviewed the care plans, but did not look at specific areas, so changes in people's health and support needs were not identified.

The registered manager had started to update people's care plans as they were being reviewed by the social care professionals. Some care plans and risk assessments were not accurate or up to date. For example, one person who was supported by staff in bed did not have a care plan that reflected this. The person required assistance from staff to eat and drink. Staff had asked for the food to be soft as the person found this easier to eat. This information was not recorded in the person's care plan. The registered manager updated some of the care plans during the inspection but did not include information about the person's diet. The registered manager told us that they were not aware of this change.

The provider had failed to maintain complete and accurate records in respect of each person's care and treatment. This was a breach of Regulation 17 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014.

Staff kept up to date with changes in people's care with verbal and a written handover between shifts. They felt that they knew about any changes immediately and provided the support that people needed as care plans were not always up to date. Staff were able to explain the support they gave to one person and why. This was documented in records stored in the person's room and reflected in the daily notes staff completed. With staff relying on each other for verbal updates about people there was a risk important information would be missed and not acted on.

Staff responded to people quickly when needed, one person had started coughing as their tea had 'gone down the wrong way'. A member of staff stayed with the person, chatting to them making sure that they felt safe. When the person was settled they said that staff could go. Staff returned to see that the person was alright and if there was anything that they needed.

There was no activities organiser employed by the provider. The provider said they planned to interview some applicants for the post of activity coordinator. There were limited activities available, staff chatted to people and offered to paint their nails and asked them what they wanted to do. Some outside entertainment came into the home and people said that they enjoyed this. People were able to spend time in their rooms and some people preferred this, staff checked on them during the day to make sure they were ok. People who chose to stay in their rooms told us they were happy watching television and reading. Some people who were in the communal rooms said they wanted more to do as they were bored at times.

The provider had failed to support people's preferences and choices. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's complaints process did not give people clear instruction about how to make a complaint, who to make it to and when they would receive a response. Information was not provided about how to take a complaint to another body if the person was not happy with the response from the provider. A copy of the complaints process was not available in an easily accessible version that was suitable for the people who were living with dementia.

Records of the provider's action following complaints had been maintained but a copy of the response to one complainant was not available. Checks had not been completed to make sure that complaints had been fully investigated in an open and transparent way and that people were satisfied with the response they received.

There was a delay in a complaint being responded to as the registered manager did not open mail when the provider was on holiday for two weeks. The provider had recently advised the registered manager to open the mail if the provider was away for more than a few days.

## Is the service well-led?

### Our findings

People told us they knew the registered manager and provider and they saw them most days. One person told us, "I know the manager they are around most of the time." People told us that they were happy with the service.

The provider did not have systems in place to audit the service, to identify shortfalls in the service and drive improvements. The registered manager had not completed audits on the care plans, staff files, personal finances, and training. The registered manager had previously completed medicines audits, but these had not been completed since April 2017 and had not identified the shortfalls found at this inspection. The registered manager told us that they observed staff and spoke to people to monitor the quality of care provided but had not recorded this.

The registered manager had not kept up to date with good practice or guidance. They had not sought support available from clinical nurse specialists to provide information about meeting the regulations. The registered manager had not attended local forums to update their knowledge. The registered manager had not provided individual personal emergency evacuation plans for people despite being advised to following the fire risk assessment. They had not recognised why action needed to be taken to reduce the temperature in the medicines storage area and had not picked up that fire doors were locked with no key nearby and that windows on the first floor were not restricted or risk assessed. Complaints made had not been checked and followed up to make sure they had been fully investigated, responded to and resolved.

The provider had a range of policies that gave guidance to staff about how to carry out their role safely. The policies had not been reviewed or changed to meet the new regulations and did not contain up to date information. There was a risk that staff were referring to out of date guidance. The provider was unable to produce required safety certificates at the time of the inspection. The provider had not taken action to ensure that the environment was safe.

Accurate and complete records in respect of each person were not maintained. For example risks relating to people's care and support had not always been adequately and consistently assessed. Clear guidance had not always been provided to staff about how to mitigate risks to people. Care plans had been reviewed but not updated to reflect people's changing needs. The registered manager was not always aware of people's changing needs and assessments carried out before people moved in were not always reliable.

People's views were sought but not always acted on. Resident's meetings had been held monthly. There was positive feedback from everyone about the food, however, there was negative feedback about the laundry service. People complained that items were not being returned and white items coming back grey. The registered manager told us that action had been taken but incidents continued to occur. The registered manager did not have a formal process to check that the measures taken had been effective.

The registered manager had asked people, staff, relatives and stakeholders such as GPs to complete surveys about the service. The registered manager told us that they had not any returned from stakeholders and

people had refused to complete them. The registered manager had not considered any other methods of receiving feedback from stakeholders and people.

Families and staff had completed surveys. Relatives responded that they were happy with the service and support their relatives received. One relative commented, "I am very happy with the standard of care (my relative) receives."

The response from staff was mixed, not all the staff that responded felt supported to do their job and only half felt comfortable to approach senior staff. Staff told us that they did not feel that they were always able to approach the registered manager about any concerns they may have. They did not feel listened to and they were not always kept informed of things that happened within the service. The provider told us that they did not believe that this was true and would be interviewing staff to find out why they had said this rather than taking this on board and acting on the concerns openly.

The provider and registered manager did not promote an open and inclusive service. The staff had not been told about an incident in April 2017 that happened within the service and why health and social care professionals were visiting the service, until July. Staff had felt unsettled and upset at times that they did not know what was happening.

Staff meetings had not been held as often as the registered manager had planned. They should have been held every other month, however, the last one had been held in March 2017. The minutes of the March meeting had not been produced for staff to refer to, the device the minutes were stored on had corrupted, and the registered manager had not taken any action to produce a record of the meeting. Memos are used to inform staff of important issues, there were copies available in a folder for staff to refer to.

The provider had failed to have systems or processes in place to assess, monitor and improve the quality and safety of the service. The provider had not acted on the views of people and staff. Records were not complete or accurate. This was a breach of Regulation 17 of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider were at the service most days and worked alongside staff on a daily basis. The service's statement of purpose stated that White Lodge aims to provide a 'holistic, personalised approach which is sensitive to the needs of each resident' and the right to 'care for yourself and be independent.' Staff felt that they worked together as a team to provide a good service to people and were meeting the aims of White Lodge.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to support people's preferences and choices.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the environment was safe. The provider had failed to provide guidance to evacuate people safely in the event of an emergency. The provider had failed to provide guidance to staff to mitigate risks to people and keep them safe. The provider had failed to manage medicines safely. The provider had failed to ensure that persons providing care and treatment have the competence, skills and experience to do so safely.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have systems or processes in place to assess, monitor and improve the quality and safety of the service. The provider had not acted on the views of people and staff. Records were not complete or accurate. The provider had failed to maintain complete and accurate records in respect of each person's care and treatment.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had failed to have effective recruitment and selection procedures to ensure staff were of good character.