

White Lodge Centre

White Lodge Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

White Lodge Centre is a domiciliary care agency providing personal care to 21 children and younger adults who may have a learning disability, autism or physical or sensory impairment. The service was based as part of a larger service which included other day centre activities, short term respite care and a combination of other services regulated by Ofsted.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The registered manager admitted the standard was not quite as high as the previous inspection. She had a long period of leave and had recently returned to manage the service two months before the inspection. However, the standard was still good in all areas and people's responses throughout the inspection were noted to show limited impact of this change since the last inspection.

The correct numbers of staff were being deployed to the correct amount of people receiving support. Staff shortages were being addressed by recruiting new staff and safe recruitment processes were in place for this process. Any impact on people using the service due to shortages were being addressed as quickly as possible.

People and relatives told us they felt safe. The provider had a safeguarding policy and staff knew what signs to look for and who to contact if they saw signs of abuse. People had risk assessments to identify possible risks and advise staff on how to manage them.

Staff were supported with regular training to ensure their knowledge remained of a high standard to meet the care needs of the people they were supporting.

People were supported with maintaining their health and had support to access health care professionals. Care plans were personalised and people were encouraged to make choices. Staff got to know people well and understood their preferences.

Staff were kind, compassionate and caring. They treated people with respect and dignity by giving them choice and promoting their independence.

The registered manager was open to suggestions from people, relatives and staff and was committed to making improvements. There was a complaints procedure in place.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Outstanding (published 10 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

White Lodge Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care

provided. We spoke with four members of staff including the area manager, the registered manager, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff from the White Lodge Centre. One relative said, "To know your child is safe is the most important thing for a parent, and I am never in any doubt that my child is 100% safe."
- Young people were protected from the risk of abuse because staff had received training in safeguarding and were aware of the procedure. They told us about the whistleblowing policy and showed knowledge in the different types of abuse. All staff stated they had full confidence in the registered manager to deal immediately with any concerns they raised. One staff member said, "I've never had to respond to any safeguarding concerns, but I know the management would deal with it straight away. They are always telling us how important safeguarding is, so it is always at the forefront of our minds."
- There was a clear safeguarding policy in place. This guided staff on how to report allegations of abuse to the local authority and how they should work with them to ensure people were safe. Safeguarding referrals were made appropriately.

Assessing risk, safety monitoring and management

- People were kept safe because hazards to their health and safety were well managed. There were thorough risk assessments in each person's care plans.
- Risks were monitored and tailored to the needs of the people and individualised to each care plan. Examples of this were shown through behavioural risk assessments, and personalised behaviour triggers advice for staff to be aware of. These were detailed and changed if needs of a person changed and easy to read for staff to seek advice quickly. One relative said, "The staff know [person] so well and are aware of all the triggers with his behaviour so they know how to respond to them as quickly as possible. They really are very good at looking after [person]."
- There were safety plans around hazards that had been identified such as risks of falls or choking. There was also a business continuity plan that prepared staff for incidents such as major transport disruption and details of how to manage these.

Staffing and recruitment

- There were enough staff to meet people's needs most of the time. Concerns around staffing levels had been addressed quickly and staff had been recruited and were continuing to be recruited at the time of inspection. One relative said, "Over the summer period some of our hours couldn't be met due to staff annual leave and [person] only being comfortable with certain staff, it didn't have any effect on [person], and I have been told that measures are being taken to ensure more staff will be available going forward."
- People and relatives stated they received their care in a timely manner. One relative said, "[staff member]

is always on time and always quick to respond to any changes. I don't know what we would do without her."

- There were safe staff recruitment processes in place. All staff had DBS Checks completed regularly which are checks made to check whether people have been known to the Police for any cautions or convictions. This then meant the provider could make an informed decision about whether someone was suitable to work with vulnerable people.

Using medicines safely

- Most of the people using the service did not need support with their medicines because they were assisted by their family members whom they lived with. However, for the small percentage that were being supported medicine administration records (MAR) charts were being accurately completed.
- People's medicines were given in a safe way because staff had been trained in how to do this. Guidance was in place, and followed by staff where they needed to support people with "as and when medicines."
- People's medicines were managed in a safe way where staff were responsible for this. The registered manager audited medicines to ensure any errors were quickly identified.

Preventing and controlling infection

- People were protected from the spread of infection because staff were knowledgeable of the risk around and the need to wear their Personal Protective Equipment (PPE) when supporting people with personal care. PPE included items such as gloves and aprons..
- Staff received regular training in infection control and the provider also had an infection control policy which was understood and followed by staff. One staff said, "PPE is so important when you are providing personal care to someone or preparing food. It's important to have that barrier to minimise risk of any infection spreading."

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and put new policies in place to prevent a future accident or incident. Any learning was shared across teams through either group supervision or email updates to each staff member. Examples of learning were seen in response to incidents involving challenging behaviour and new techniques to be used and behaviour triggers identified and documented in individual care plans.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were assessed before they started using the service. An initial assessment was carried out before a care plan was developed. This included people's preferences, their life and medical histories. This helped ensure the person's needs could be fully met.
- People were included and involved in making decisions about their care. This was then used in the assessment process for example what time they wanted to receive their care and what activities they wanted to be supported to attend.

Staff support: induction, training, skills and experience

- Staff were trained and competent to meet people's needs. One relative said, "Staff always appear well trained and knowledgeable in [person's] condition. It just makes me feel at ease knowing they know how to look after him."
- Staff had a thorough induction programme that was followed by a competency-based assessment. This identified any need for further training in specific areas.
- There were regular training sessions for staff to keep them up to date with current best practice. Staff we spoke with stated this was beneficial to their role. One staff said, "I always feel like we have access to all the training we need, if I need to do any extra, I know that I could just ask my manager and it would be arranged."
- Staff told us they felt supported by the management. Staff received annual appraisals and regular supervision.

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

- Care plans were thorough to ensure staff were aware of what food and drink preferences the people they were supporting liked. As a result people were supported to eat and drink a healthy and balanced diet.
- Throughout the inspection people were supported to attend the White Lodge Centre and attended the office as well as surrounding facilities. Prompts were seen throughout the day by staff to people they were supporting to eat and drink. Staff were seen to encourage people they were supporting to finish meals, this was done in a kind, caring manner so people did not feel rushed.
- People's needs around cultural or religious aspects of food were understood and respected by staff, for example by identifying local restaurants and food outlets that met those requirements. In addition where people had allergies these were clearly identified in care plans and understood by staff. This detailed the food allergy, preventative measures, what symptoms to look out for and what action to take if an allergic reaction takes place.

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

- Both the registered manager and staff worked very well with other agencies to further benefit the lives of the people they supported. An example of this were the many activities available for people on site and externally taken to by staff. Staff would either support people at their homes and encourage activities they were interested in. Staff would collect people from their homes and take them to activities which included preferred hobbies catered for at the White Lodge Centre.
- People's healthcare needs were met and referrals to professionals made when needed. Where necessary staff supported people to attend appointments. For example one person had an extended stay in hospital and had been supported by staff. As English was not their first language they helped explain what was happening and reassured the person and their family.
- Further care and support plans had been built with various partner's input, so all partners were able to build, review and access the same document and have the best well-rounded knowledge for the people they were supporting.
- People told us staff worked well with other agencies to ensure their needs were met. One family member said, "I know that the manager is in constant contact with [person's] social worker and is always updating them immediately of any changes to behaviour or care needs. They work really well together, which is refreshing and good for me to know that everyone is working together, so nothing is being missed."
- Staff worked together to complete thorough daily notes that also detailed important information that needed to be followed up or required attention. This ensured all staff were aware of any change to care needs they should be aware of.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- All people had social workers that worked closely with the provider and families to ensure that all of the MCA needs were met once the people became young adults.
- Staff showed good knowledge in the MCA and consent. One staff member said, "It is so important, for example [person] regularly changes his mind on what he does and doesn't want support with. We must respect that, encourage where we can and support where it is comfortable for the person." Staff confirmed that they always ensured consent before they supported anyone with personal care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question was now Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Since the last inspection the registered manager had been on an extended period of leave. In this time an interim manager monitored the service and supported staff.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives stated that regular caring and kind staff helped them develop positive relationships. One relative said, "With [person's] complex needs, stable and regular staff are important and this is respected by the manager. If there are new staff being introduced everything is explained thoroughly to [person] and a thorough introduction happens which is very important."
- All staff ensured respecting equality and diversity was their number one priority. One staff said, "It is so important that everyone is treated the same and nobody is treated as they are different, this means that people will have more confidence to begin to enrich their lives with external activities."

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

- Both staff and manager explained it was important all people being supported were able to express their views and be as involved as possible in making decisions. One staff member said, "Just because sometimes it is not as easy for people to communicate does not mean they cannot make decisions, and making decisions is incredibly important to all the people we support. It helps them feel independent, and that is what we are striving to promote here."
- People and relatives were involved with making decisions about their care. This helped them retain control over how their support and care was delivered. One person with complex needs was supported at home and their relative said, "[person] only likes certain things done by me, this is respected by staff as they slowly build up a rapport with [person], it is very important to [person] that he has control of the decisions made."
- People were supported in expressing their views. Records showed people received support from relatives when completing their assessments and reviewing care plans.

Respecting and promoting people's privacy, dignity and independence

- Families of people were positive about staff and the manager when it came to respecting privacy and dignity and promoting independence. One family member said, "It's always my child's choice, they respect their choices and are always getting them to be more and more independent, beyond our wildest dreams as a family. It's so amazing to see what they get all the people they work with to achieve."
- Staff encouraged people to maintain their independence as much as possible. People's levels of independence were detailed in their care plans as well as goals and aspirations. One person had wanted to

spend more time in the local area and they had been supported to go out in to the community shopping and for lunch and coffee.

- Staff told us they were aware of the importance of confidentiality. They knew to whom they could share confidential information with.

Is the service responsive?

Our findings

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

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

In the period of time since the last inspection it was noted that some support plans were in need of updating and a review. This could be an issue as the White Lodge Centre at the time of inspection were recruiting new staff who would refer to these support plans. When this was explained to the registered manager, the support plans identified were immediately updated in the days following the inspection.

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

- Most care plans were personalised and detailed. Some errors were found, however, and were immediately corrected by the registered manager.

The care plans that were correct were detailed and personalised to ensure every area of people's care needs were met. A lot of people had been supported for a large portion of their life by the provider and this showed through the careful consideration and attention to detail in the care plans that had been a result of the experience of many years of providing care.

- Most care plans viewed had been regularly reviewed. Some of the care plans that had not had a recent review were reviewed immediately following the inspection by the registered manager.

- People and relatives confirmed they received personalised care that met their individual needs. One relative said, "They are just so good at knowing exactly what [person] wants, all of [person's] individual likes, dislikes and needs are always met. I have no complaints."

Meeting people's communication needs

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

- The provider ensured there were many forms of communications and different tools to ensure all communication needs were met. For example picture aids were used with people to make decisions about snacks, lunchtime meals and drink choices.

- Staff communicated with people effectively. People's communication needs were documented in their care plans. As a result, the service knew people's preferred communication methods.

- Care plans were set out in an easy to read format. They contained information on people's likes, dislikes, preferences, cultural beliefs and advice for staff on how to deliver personalised care to accommodate all of the individual details. A paper format was also kept at people's homes.

- Staff showed good knowledge of the methods people used to communicate so they could understand and meet people's individual needs. One relative said, "The staff are very good, sometimes [person] doesn't

want to talk to anyone and they respect that and sit with him until he is ready to speak to them."

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

- There were a lot of activities being encouraged by staff. On site at White Lodge Centre there were many activities that encouraged social inclusion and developing and building relationships. This included group activities where people with similar complex needs could meet and socialise.
- People's care plans detailed different individual interests and there was evidence these had been followed and encouraged. An example of this was horse riding and visits to local farms for a person who enjoyed seeing animals.
- One relative said, "[carer] provides such good care, she is like another mother to my son. She has known my son for so long she knows his needs as well as myself and my husband. I don't know what we would do without her."

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain and were confident that this would be dealt with quickly by the registered manager. One relative said, "A new member of staff was not a good match for [person], this was addressed straight away and made [person] feel that he was really being listened to and action taken if he was not happy with something."
- There had been no recent concerns or complaints raised, however, historically there was evidence that these were dealt with quickly, efficiently and to produce a good result for everyone involved.
- There was a complaints policy and procedure in place that detailed how a thorough investigation would take place in response to any concerns or complaints and a resolution sought to ensure all parties were happy.
- There was an on-call system at weekends and the service was monitored by senior staff. The registered manager confirmed they would look in to any concerns at the weekend.
- The registered manager knew that complaints could improve the quality of care. They stated they welcomed complaints, so they could constantly be working on improving the service.

End of life care and support

- At the time of the inspection there was nobody receiving end of life care, however all care plans were detailed to ensure that all areas of people's preferences and wishes had been considered.
- The registered manager understood their responsibility to liaise with specialist end of life care professionals to ensure people's end of life needs were met and understood, should the need arise.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People had been encouraged to take part in activities that empowered them to live more enriched lives. One staff member said, "It is all about encouraging them to live the best life they possibly can, when they achieve personal goals they feel a sense of achievement, this makes them happier and live a more fulfilled life. This is so important to all the people we work with."
- People received care and support that was tailored to their needs, an example of this was a behavioural assessment which detailed different triggers, different moods and how to support this person through various behaviours and still encourage goals and aspirations leading to good outcomes.
- Staff told us the service was open and inclusive. They told us they felt comfortable to speak to senior staff and the registered manager and knew they would be supported.

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; Continuous learning and improving care

- There were policies to ensure that if something went wrong the person and their family members would be made aware as a priority. This was understood by all staff and the relevant stake holders that would be made aware also.
- The registered manager understood their responsibility to be open and honest with people and their relatives. One family member said, "The manager and staff are always updating us of all things happening with the business, good or bad."
- The registered manager accepted that some of the office and paperwork had dropped below the standard seen at the previous inspection. However, the registered manager was passionate about returning the service to this standard and showed quick responses to any shortfalls that were discussed with them. It was also shown that minimal impact had occurred for the people using the service.
- The registered manager had recently had an extended period of time away, returning in May 2019 to her full-time role. When asked how she would learn when things go wrong she stated, "I feel standards are not as high as before I went on leave, my hope is that I can learn from this inspection and get this service back to Outstanding." This showed passion and focus from the registered manager to improve the service..

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

- Managers and staff were clear about their roles and responsibilities. This was documented in regular

supervision. This ensured that if any performance issues needed to be raised or addressed then this could be done quickly.

- There were quality audits in place to ensure that a high standard of care was being met and continued going forward. These audits had not identified some discrepancies that were found in risk assessments throughout the inspection; however, these were corrected immediately by the registered manager. The registered manager also had completed spot-check supervisions, however, these weren't always being recorded and she was in the process of implementing a recording system for the spot-check records. In the period of time since the last inspection it was noted that some support plans were in need of updating and a review. This could be an issue as the White Lodge Centre at the time of inspection were recruiting new staff who would refer to these support plans. When this was explained to the registered manager, the support plans identified were immediately updated in the days following the inspection.

- People were supported by trained staff and the standard was upheld and monitored. The registered manager assured us that spot-checks were being completed and she was in the process of recording these. These checks ensured staff were supporting people in a correct way and no further training was needed.

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

- The registered manager was keen to receive feedback and acted on any information received. This was recorded and all feedback received up to the date of the inspection had been positive. One feedback example stated, "[Staff member], Thank you so much for all your help. Your support helps us to cope so much better, I don't know what we'd do without you it is wonderful how well you know [person] and how fantastic you are with her. Thank you."

- Staff had regular meetings in which they discussed and shared information about practises. Here staff also had the opportunity to raise concerns or new ideas to improve the service.

Working in partnership with others

- The service worked well in partnership with numerous other organisations. Within the White Lodge Centre there was access to day centre activities, such as group activities and swimming. They also worked with local activity centres and educational providers.

- The service also worked well with health and social care professionals to find the best outcomes for the people. The partnership working was evident in the service through results they had obtained for people. An example of this was the introduction of people in to school and day activities, that had before seemed impossible.