

Key inspection report

Care homes for older people

Name:	White Lodge
Address:	Marlow Road Bisham Marlow Buckinghamshire SL7 1RP

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Helen Dickens	1 8 0 9 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	White Lodge
Address:	Marlow Road Bisham Marlow Buckinghamshire SL7 1RP
Telephone number:	01628898281
Fax number:	
Email address:	whitelodge_bisham@tiscali.co.uk
Provider web address:	

Name of registered provider(s):	Mrs Amy Ting, Mr Roderick Ting
Name of registered manager (if applicable):	The registered provider is responsible for running the service
Type of registration:	care home
Number of places registered:	23

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	23

Additional conditions:

The maximum number of service users who can be accommodated is: 23

The registered person may provide the following category/ies of service only: Care home only - PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - OP

Date of last inspection

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Brief description of the care home

White Lodge is situated in a semi rural setting with lovely views over surrounding farmland and hills. The home is registered for up to twenty-three people who have care needs associated with old age. Each resident currently has their own room with en-suite facilities, though two rooms are very large and would be suitable for a couple or two friends who wished to share. There are two lifts which allow access to the first

Brief description of the care home

and second floors. The home has a very large landscaped garden with decking which provides a terrace for residents to sit out, as well as a barbecue area, and there are decked ramps down to the garden to make it very accessible for those with a mobility impairment. The home has recently purchased extra land from a local farmer and turned this into allotments for use by the home and by some local people and the school. The home has its own car park with security gates and lighting. Current fees range from £795-£985 per person per week.

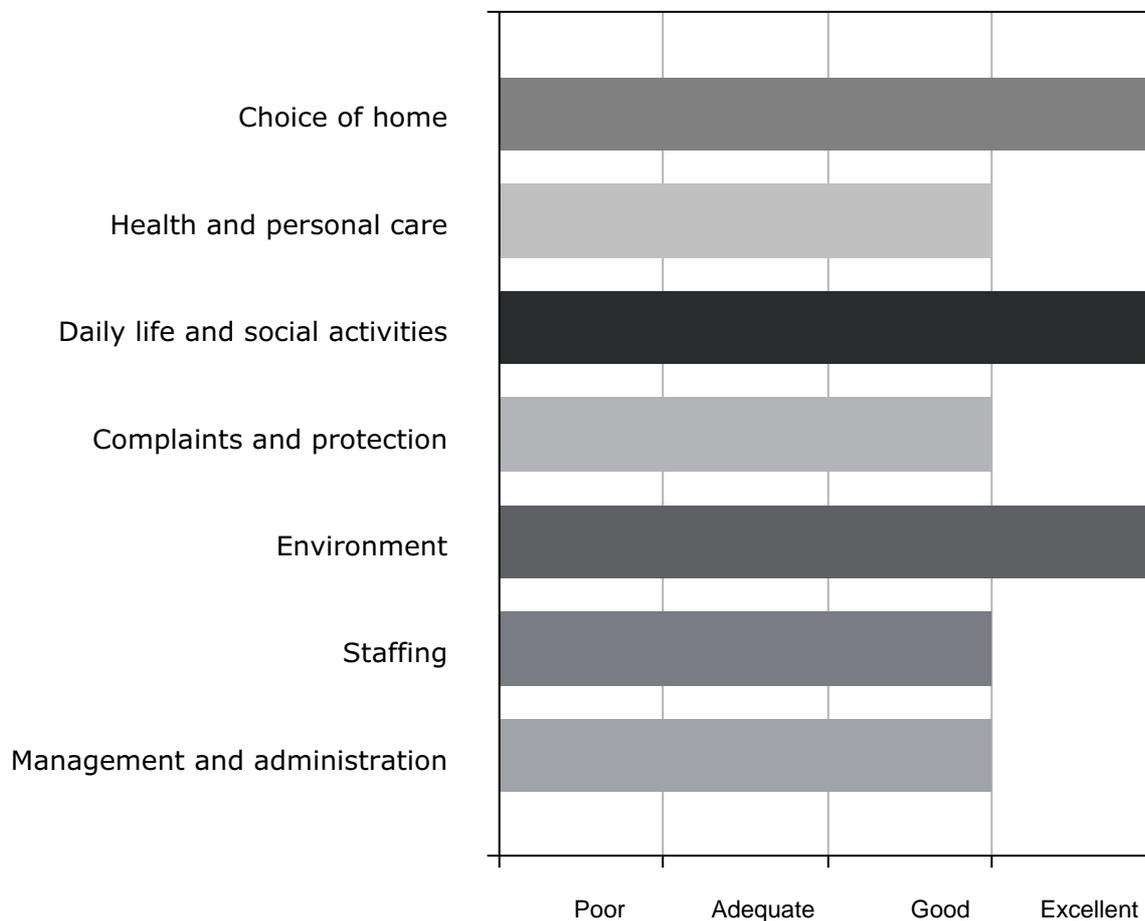
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This Key Inspection was unannounced and took place over 7 hours. The inspection was carried out by Mrs. Helen Dickens, Regulatory Inspector. The Registered Managers and Providers Mr. Roderick Ting, and Mrs. Amy Ting, represented the establishment.

A tour of the premises took place and a number of files and documents, including three resident's care plans, staff training records, two recruitment files, and quality assurance information, were examined as part of the inspection process. Residents, staff and a visiting relative were spoken with, and the results of surveys returned to the Commission prior to this inspection were also included in this report. The Annual Quality Assurance Assessment, completed by the manager and returned to CQC before the inspection, was used during the inspection, and in writing this report.

The inspector would like to thank the residents, staff and the managers for their time, assistance and hospitality.

What the care home does well:

White Lodge offers a very comfortable and homely environment. The home has an ongoing programme of refurbishment including enlarging residents' rooms, replacing en-suite baths and showers with walk in wet rooms, and generally making the home easier to access for those with a mobility impairment.

The landscaped gardens and new allotments have been a great success and residents not only benefit by being able to eat home grown produce, but by the extra opportunities for social interaction when local families and the school children come to work on the allotments.

There is a full programme of activities including keep fit, card games, arts and crafts, and a visiting hairdresser. There have been weekly barbecues in the garden during the summer. Meal times offer a pleasant dining experience and residents are now enjoying home grown produce such as runner beans, marrows, and potatoes, as well as pears from their own fruit trees.

Residents who were spoken with, and those who returned surveys to the Commission, confirmed that they always got the care and support they needed, and that they knew how to make a complaint if they had one.

Staff who were spoken with, and those who returned surveys, were happy working at the home, and felt they were given the right training and support to enable them to look after residents. All four staff surveys showed staff are given regular support by their manager. In answer to the survey question 'Is there anything else you would like to tell us?' one staff member wrote: 'Working here for 20 years says it all.'

Two health professionals returned surveys to the Commission and both were complimentary about White Lodge. A GP noted that the 'General care is good' and another health professional who has a relative at the home, said that staff are 'Sensitive to the different needs of physical and mental health and adjust the amount of care given as required.' This person also noted that the provision of emotional support was very good.

The managers responded very positively to the inspection and by the time the draft report was ready to be sent out, the majority of the issues highlighted during the inspection had been dealt with.

What has improved since the last inspection?

There have been a number of improvements since the last inspection including redesigning the back garden and providing decking and decked ramps to allow full access for residents. Stylish paths have been laid to the rear of the garden.

The owners have purchased extra land which has been turned into allotments at the bottom of the main garden. The gardener has started growing vegetables for use in the home and four local families and the local school have been given allotments for their own use.

A car park, security gate and security lighting have been added to the side of the

property, and the entrance to the home has been made more user friendly.

Internal refurbishment has been carried out including converting en-suite bathrooms and showers to wet rooms which allow full access to residents who have a mobility impairment.

The home has reviewed their menus and removed unpopular items, and changed their food supplier since the last inspection. Residents commented very positively on the meals at the home.

All new staff have attended the communication course, and the four staff who returned surveys to the Commission confirmed that the methods of communication within the home worked well. The home continues to invest in learning opportunities for both management and staff.

What they could do better:

The service needs to ensure that records are properly completed, and care plans contain clear and detailed information about residents' needs. Recruitment arrangements need to be reviewed to ensure recruitment files contain all the information required in the Regulations. Quality assurance processes need to be reviewed to ensure any shortfalls in service provision are identified and dealt with in a timely way.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents needs are assessed and they are assured these can be met prior to moving in to this home. People who move into this home benefit from the considerable efforts made by the owners to ensure that all the facilities and services are accessible to all.

Evidence:

The Annual Quality Assurance Assessment returned by the home to CQC prior to this inspection stated that: 'Residents and their families are provided with enough information to enable them to make an informed choice and potential residents and relatives are encouraged to visit.'

Three resident's files were sampled during the inspection, one of whom had recently moved in to the home. The files sampled contained pre admission assessments by the home. The manager said local authority funded residents would also have local authority assessment prior to moving in.

Evidence:

The home's assessment format follows the Berkshire Care Association template and includes basic information on activities of daily living and care needs, as well as each person's preferred daily routines. Care plans and risk assessments are generated from this assessment and are discussed in the next section of this report.

A total of ten surveys were returned to CQC prior to this inspection. The four returned from staff showed that they always had up to date information about service users' needs. Two health professionals returned surveys and one ticked 'Always' and the other 'Usually' in response to the question about whether the home's assessment processes worked well. All four residents who returned surveys said they had had enough information about the home prior to moving in to White Lodge.

The home focuses on achieving positive outcomes for people and this includes ensuring that facilities, staffing and specialist services provided by the home meet the diverse needs of the people who live there.

For example, the owners and some of the staff at the home are Chinese and therefore uniquely placed to offer a specialist service to any residents from that ethnic background. One resident who is Chinese is able to converse in their first language with some of the staff, and has the opportunity to have Chinese food freshly prepared. All residents have the opportunity to learn about this particular culture and the manager said many of the residents enjoy some Chinese food from time to time. In addition to local staff, there are also staff from a range of ethnic backgrounds who individually and collectively have the skills and experience to deliver services that the home offers.

Another example would be the work the owners have done on ensuring those with disabilities can benefit from the full range of facilities. Showers have been converted to wet rooms, special adaptations have been provided, bedroom space has been increased, and decking, ramps and specially laid pathways at the back of the house ensures every resident can access the garden and the allotments.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents' needs are set out in an individual plan of care but more work needs to be done on record keeping practices at this home. Residents health needs are met and there are satisfactory arrangements for the administration of medication. Service users feel they are treated respectfully by staff.

Evidence:

The AQAA stated 'We do well at encouraging and assisting residents to meet their own health and personal care needs. All residents have individual care plans that are tailored to meet their needs.'

Three care plans were sampled and found to contain a reasonable level of detail on resident's personal care needs. Risk assessments had been drawn up for example in relation to falls, mobility, skin integrity, and nutrition. Some of the documents on residents' files had been reviewed monthly, and there was evidence that residents changing needs were being monitored, for example with a GP and specialist involvement as necessary on one file sampled. There is a monthly audit carried out which includes looking at care plans. A 'Care Plan Discussion' book is kept which

Evidence:

records discussions with residents and relatives about their care plan.

However, a number of shortfalls were noted for example risk assessments were not all dated and signed, and some aspects of the care plans lacked detail, for example on social interests. One resident who had lost weight had not been weighed every month, though follow up action had been taken to address the weight loss. The managers and staff were knowledgeable about residents' needs though the care plans did not reflect this level of knowledge. The managers said they will review their care plans and risk assessments following this inspection. A follow up call from the managers confirmed the review was underway before the draft report was ready to be sent out.

Four residents returned surveys and all ticked that they 'Always' got the care and support they needed. Four staff surveys were returned and all answered 'Always' to the question on whether internal communication methods worked well. Two health professionals made comments on their surveys including 'General care is good.' Another wrote, commenting on a particular client whose care needs had changed; 'The change in the care package has been impressive, with the provision of emotional support as well as very good physical care.'

Residents health needs are met in a number of ways including weekly visits from the GP, referrals to specialists as necessary, and risk assessments relating to health related topics such as nutrition and skin integrity. Opportunities are available to take exercise and get fresh air, and those who are at risk of falling have a risk assessment to help identify and minimise the risks.

The survey returned from a GP ticked that the home's managers and staff 'Always' have the right skills and experience to support peoples' social and health care needs, and 'Always' seek advice and act on it to meet peoples' needs and improve their well being. Another health care professional who returned a survey noted, in answer to 'What does the service do well?': 'They are sensitive to the different needs of physical and mental health decline, and adjust the amount of care given as required.'

Medication arrangements were looked at during the inspection and part of one medication administration session was observed. Staff were sensitive to residents' needs in relation to medication, and knowledgeable on the safe administration of medication. The medication trolley was kept securely, and there were no gaps seen on medication administration records (MARs). The home was asked them to follow up with the pharmacy a query about why 'as required' medication for one person was not printed on their MAR sheet, but had to be hand written by staff. MAR sheets seen did not contain a photograph of the resident, which is the recommended way of

Evidence:

identifying each resident. The manager who supervises medication said she was in the process of providing computerised photographs of residents and there would be an image of each resident on their medication record by the end of the following week. She subsequently telephoned the inspector to confirm this had been done. The home should ensure that their medication policy reflects how they will identify residents during administration of medication.

The local pharmacist who visited the home in August 2009 to inspect their medication arrangements noted only minor concerns regarding gaps in recording, and the manager said this had now been addressed.

Staff were observed throughout the day to be respectful to residents. For example they were seen to knock on doors before entering, and to ask residents' opinions and give them choices. Residents all have a telephone line in their rooms, and bedrooms visited were noted to be very personalised with many residents bringing their own furniture as well as photographs and other memorabilia.

Residents commented positively on the staff and all four who returned surveys said staff were 'Always' or 'Usually' available when they needed them. Both health care professionals who returned surveys ticked that the service 'Always' respected peoples' privacy and dignity.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents benefit by having a variety of social activities available, and by the excellent arrangements for ensuring the home is part of the local community. Residents are encouraged to make choices in their day to day lives, and the arrangements for meals ensure they receive a nutritious diet in pleasant surroundings.

Evidence:

The AQAA states 'There is a wide range of activities. Friends and families are made welcome. Our allotment has attracted tremendous interest from local residents, school, and our own residents.'

White Lodge has a regular programme of activities for example a keep fit worker visits each Thursday, and an activities worker does arts and crafts, and gardening such as flower pots, each Monday and Wednesday. A monthly volunteer organises card games, and there is a weekly hairdresser. On Fridays, Pat the Dog visits. A chiropodist visits monthly and there is Communion twice per month. Daily papers are delivered to the home for communal use, and some residents also buy their own. There is a newsletter each month which updates residents on coming birthdays, any new staff, any new or respite residents, any outings, and news on the allotments. Summer activities included a trip to Cookham Regatta and barbecues throughout the summer; the

Evidence:

managers said they had had at least one barbecue per week through the summer. Residents said Mr. Ting does the cooking outside on the terrace, and people go up and place their orders.

The garden area has been transformed since the last inspection. Decking has been put in place to make the back of the home completely accessible to wheelchairs or those with a mobility impairment. The decking then slopes down to the main garden. Stylish paths have been laid down either side of the garden allowing access to the new allotments. The owners bought some land from the farmer next door to create these allotments. Four allotments have been given to local families, and a fifth to the local school. The remainder of the allotment space is for use by White Lodge and tended by their gardener.

Residents spoken with were interested in the allotments and seats have been provided so residents can sit and enjoy the fresh air and get involved in any activity. One resident described how a local family invited her to join them for a drink whilst they were working, and another said she visited the allotments every day and picked the raspberries. The benefits for residents include having an accessible place to visit and the opportunity to mix with the local community including the schoolchildren who tend the school allotment, as well as being able to eat the produce. The owners were commended for their arrangements to ensure the safety of residents; this includes having had all external visitors to the allotments CRB checked, and they have also fitted security gates at the front of the building. The home joined the Open Gardens Scheme this year and raised £160 for the local Church by selling teas, coffees and cakes to garden visitors.

On the Standard relating to autonomy and choice, residents at this home are encouraged to make choices in their day to day lives. They were heard to be given choices in relation to meals, drinks, and activities. Residents manage their own finances, and bills for papers and hairdressing etc are either given directly to them or to their families. Residents are encouraged to bring personal possessions when they move in to White Lodge, and many had brought furniture as well as photographs, pictures and other memorabilia.

Meals offer a pleasant experience at White Lodge. During a tour of the dining room over the lunch period, many favourable comments were made about the food. In addition to the main meal there was a choice of nine other alternatives at lunchtime. On the day of the inspection the potatoes and green beans had come from the home's allotment, and the poached pears were from their own fruit trees. Residents said the food was all home cooked, including the puddings. One cook who is Chinese has her

Evidence:

own plot on the allotment for growing Chinese vegetables. The manager said many residents enjoy a Chinese meal from time to time and now the stir fried vegetables are home grown. Meal times are arranged to suit residents and it was noted that two residents who had had a late breakfast, were also accommodated to have a later lunch.

Comments on the food included:

'All the food is good in my opinion. I haven't had any food that hasn't been good.'

'The majority of the meals are home made.'

'Somebody is a jolly good cook here.'

'The beef melts in the mouth.'

'There is a good variety for supper, in fact all the food is very good.'

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents know that any concerns would be taken seriously, and there are safeguarding policies in place which should protect people from abuse.

Evidence:

The AQAA states that all complaints are dealt with in an appropriate manner within 7 days in order to resolve any problems or issues as quickly as possible.

The home has a complaints procedure in place and the complaints book was seen during the inspection. A total of three complaints had been noted and have now been satisfactorily concluded.

All four residents who returned surveys to the Commission said they would know how to make a complaint. Both health care professionals who returned surveys ticked that the home 'Always' responded appropriately if they had raised a concern. No complaints have been made to the Commission since the last Annual Service Review in September 2008.

The home has a safeguarding policy and staff are trained in safeguarding vulnerable people. It is commendable that the owners have ensured that even the families coming to tend their allotments, have been CRB checked. No safeguarding adults referrals have been made in relation to this home in the last 12 months.

Evidence:

Some shortfalls in recruitment checks, which could potentially effect the safety of residents, are discussed later in this report under 'Staffing'.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents at White Lodge benefit by living in a very comfortable home, which is clean and pleasant throughout.

Evidence:

The AQAA states that 'The environment is very safe and relaxed providing a comfortable environment for residents.' The home was indeed found to be comfortable and well maintained. Rooms have been extended and bathrooms and communal areas have been made more accessible. There is a continued programme of upgrading and maintenance, for example double glazing has been fitted to the windows. Decking and stylish pathways at the back of White Lodge allow full access to the terrace, gardens, and allotments.

All those spoken with said they were happy with their rooms which were seen to be very personalised and comfortable. Bathrooms have been refurbished and those seen by the inspector had all been converted to spacious wet rooms which were fully accessible to those with a mobility impairment.

Suitable laundry facilities are provided with commercial equipment for washing and drying clothes, and for sluicing if necessary. It was noted that one part of the garden, away from the main landscaped garden, is used for drying sheets and other bedding in the fresh air. There are domestic staff employed to keep the home clean and there

Evidence:

were no adverse comments on the cleanliness at White Lodge. There were no unpleasant odours in any part of the home. The environmental health officer who visited the home last year noted: 'All matters satisfactory. A very good standard seen.'

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents' needs are met by the numbers and skill mix of staff, and the home has more than the recommended number of staff who have gained qualifications in care work. Recruitment arrangements need to be reviewed to ensure they meet the current Regulations. Training is well developed at this home and residents benefit by having well trained staff.

Evidence:

There is a staff rota in place. and during the inspection there were sufficient staff to meet the needs of residents including care staff, the two managers, and domestic and catering staff. The home also benefits by hosting student placements for advanced NVQ students, and student social workers. Following induction, they work on special projects within the home.

During the inspection staff and managers were seen to be available to assist with personal care, and at mealtimes. They were also seen to be spending quality time with residents for example chatting with them in the lounge. Three of the four residents who returned surveys to the Commission ticked 'Always' to the question about whether there were staff available when they needed them. One person ticked 'Usually.'

The National Minimum Standards recommends that at least 50% of care staff

Evidence:

employed should have a qualification in care work. Out of fifteen staff at this home, nine already have an NVQ Level 2 or 3, and 5 more are currently working towards NVQ qualifications. White Lodge therefore exceeds this recommended percentage.

Two recruitment records were sampled for the two most recent recruits. Both had application forms, and CRB and POVA checks had been carried out before they started work. Two appropriate references were on file for each, as was photographic identification and evidence that both were allowed to work in the UK. Training records were on file for the new workers including fire safety, health and safety, food safety, safeguarding vulnerable adults, first aid and medication.

However, not all the information required in Schedule 2 of the Care Homes Regulations was on file for each candidate. Neither had a completely full employment history. The managers said this would be completed when those staff next came to work. This was completed and confirmed by telephone to the inspector.

A Requirement will be made that all recruitment files are checked to ensure they contain all the information set out in Schedule 2. The home's recruitment policy should reflect the checks needed, and their quality assurance system should ensure these checks have been done. A Recommendation is also being made that the home checks the CQC website for the Guidance on CRB and POVA checks for students, to ensure the home's current arrangements meet these requirements and current best practice.

The home has a centralised staff training record in place which enables them to ensure staff are trained for the work they are being asked to do. From the two staff files seen and from the central training record, it was noted that staff had a range of training opportunities available to them in addition to the mandatory courses. For example courses had been completed in loss and bereavement, dealing with challenging behaviour, and valuing older people.

On the staff surveys returned to the Commission, all four staff ticked 'Always' in answer to the question: 'Do you feel you have enough support, experience and knowledge to meet the different needs of people who live at the home?' All four staff surveys also showed that they had 'regular' support from management.

Residents were complimentary about the staff, and staff were observed to have a positive attitude to their work. Below are some of the comments received either during the inspection or on surveys returned to the Commission:

'Liaison with health professionals is good.' (GP)

Evidence:

'The fact that visitors are welcome at all times means there is full scrutiny of all care given, which is also impressive. (Health professional who is also a relative.)

'Staff care for my mother with kindness, care and dignity.' (Relative)

'I think the quality of the care is the best thing about White Lodge.' (Staff member)

'Staff look after residents to a high standard. I've been working here for 20 years and that says it all.' (Staff member)

'White Lodge is a very good home to work for and in.' (Staff member)

'Staff are all very kind.' (Resident)

'Staff are very good.' (Resident)

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People at White Lodge live in a home which is well run in the best interests of residents. Their financial interests are safeguarded, and their health and safety promoted.

Evidence:

The AQAA states that the home is run by qualified, competent, experienced and dedicated management.

Since the last inspection, two members of the partnership running the home have left, and Mr and Mrs Ting are now the registered providers and managers of the service. They both work in the home on a daily basis. Between them they are responsible for all aspects of running the home and take a personal interest in all their residents and staff. Both were knowledgeable on the running of the home and divide up the main responsibilities, for example Mrs. Ting has overall responsibility for assessments and care planning, medication, and housekeeping, and Mr. Ting looks after recruitment, health and safety, and quality assurance. There are therefore clear lines of

Evidence:

responsibility within the home. The managers up-date their own training and appear on the central training record alongside their staff. Staff surveys returned to the Commission noted that they got regular support from management.

Since the inspection the managers have kept the inspector informed about improvements that have been made in the week leading up to the draft report being completed. This includes a review of the care planning format to make care plans clearer for staff, and have more detail about residents' needs. Mrs. Ting said she is using part of the Berkshire Care Association format to supplement their own revised care plan structure.

Quality assurance systems include monthly audits looking at for example medication, complaints, health and safety, training and supervision of staff, and recruitment. The home also carries out six monthly surveys for residents, and the results are collated and actions followed up. Asked about what changes they had made as a result of service user comments and involvement, the manager said replacing baths and showers with wet rooms had been one of the requests from residents. They had also changed the menu, removing unpopular items, and changed the time supper is served, to suit residents. They had landscaped the garden and fitted security gates, and made the front entrance to the home more user friendly.

However, there were a number of shortfalls of the day of the inspection which should have been picked up by the home's own quality assurance processes. For example more work was needed on care planning and record keeping, and on recruitment files. Also their health and safety audit had not picked up that two windows had had restrictors removed during a refurbishment project. Though this was dealt with the next day by the owners, and posed only a low risk to service users due to the windows being fairly high up, it is something that should have been identified and dealt with by the home prior to this inspection. The managers agreed to review their quality assurance systems to ensure that any shortfalls were picked up and dealt with in a timely way.

The managers said they do not keep money for residents and all bills, for example for hairdressing and newspapers, either go directly to the residents, or to their relatives for payment. There is a safe at the home where residents could keep valuables, but each resident also has their own lockable drawer or cabinet.

There are a number of measures to maintain health and safety including relevant policies and procedures, staff training, and monthly audits. Mr. Ting is responsible for health and safety and he outlined a number of measures in place including carrying

Evidence:

out a buildings risk assessment and fitting thermostats to all taps to prevent scalding. He has also had the old water tanks removed following a risk assessment on the prevention of legionella. He was asked to ensure that their current risk assessment for legionella fitted with the Health and Safety Executive (HSE) guidance on the prevention of legionella in care homes which is available on the HSE website.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	17	Care records must contain sufficient detail and be kept up to date. All records must be dated and signed, and a date set for review. For the safety and welfare of residents.	18/10/2009
2	29	19	Recruitment records must contain all the information set out in Schedule 2 of the Care Homes Regulations 2001 (as amended). For the safety and welfare of residents.	18/10/2009
3	33	24	The quality assurance arrangements must be reviewed to ensure that any shortfalls in service provision are identified and dealt with in a timely way. For the welfare of residents.	18/11/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	29	The home should refer to the CQC website for Guidance on CRB and POVA checks in relation to students who are on placements at the home, to ensure they are following this Guidance and current best practice.
2	38	The home should ensure that their arrangements for the prevention of legionella fit with the guidance from the Health and Safety Executive (HSE) on the prevention of legionella in care homes. A booklet on this subject is available via the HSE website.

Helpline:

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