

Lorven Housing Ltd

Warren Court

Inspection report

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Purley
Surrey
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Warren Court is a residential care home providing personal care and accommodation to up to 19 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 17 people using the service.

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

We found that people's privacy and dignity was not always upheld in relation to toilet facilities. We have issued a breach related to this.

Care plans were not always person-centred. Plans did not include information about people's preferences about their daily care. Protected characteristics and support required around this was not included. This was discussed with the registered manager who said plans would be reviewed and revised.

We received mixed feedback about the caring attitude of care workers. We received the following comments, "They were a bit cross when I had an accident once, but I have not seen any sign that this is normal or of physical harm," and "They are absolutely lovely, they are wonderful." We discussed the mixed feedback with the registered manager who said a meeting would be held with care workers.

We have made a recommendation in relation to safe care and treatment of people.

People were supported by enough staff who had the relevant experience and training to support people. A person said, "Yes, they know what they are doing, they are very capable as well as kind."

Managers had not identified the issues we found in the quality of care, people, relatives, and staff felt comfortable raising concerns and giving feedback. Staff felt supported by their managers and colleagues. The provider had systems in place to monitor the quality and safety of the service and staff worked effectively with other health professionals to support people .

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 good (report published 11th September 2017)

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified a breach in relation to people not always being treated with dignity and respect.

We have made a recommendation in relation to safeguarding people from the risk of abuse, assessing risk safely, monitoring and management, safeguarding people from the risk of abuse, preventing and controlling infection and maintaining social relationships

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Warren Court

Detailed findings

Background to this inspection

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

Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Warren Court is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under 1 contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

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.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 12 people who used the service and 4 relatives about their experience of the care provided. We spoke with 6 members of staff including, the registered manager, the operations director, care workers, the activity coordinator, and the chef. We spoke with a visiting health care professional.

We reviewed a range of records. This included 5 people's care records and multiple medicines records. We looked at 5 staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including policies and procedures, complaints records and building audits.

The inspection consisted of a site visit on 26th September 2023, and a remote video interview with the registered manager and the operations director 12th October 2023.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place to safeguard people from the risk of abuse were not always safe. A person told us that a carer held people by their wrists, 'rather tightly while assisting.' This was discussed with the registered manager. We were assured that this concern would be raised urgently at the next staff meeting .
- The provider had a range of safeguarding policies and procedures aimed at protecting people from the risk of abuse in place. Care workers had completed training courses designed to support them to keep people safe. These courses included, health and safety, manual handling, moving, and positioning and safeguarding adults at risk.

We recommend the provide seeks guidance from a reputable source on supporting people when providing personal care.

Assessing risk, safety monitoring and management

- Risk monitoring and management were not always safely assessed. Medical advice was not always promptly sought after people had a fall. A person was observed walking painfully. They told us they were experiencing pain due to a fall they had the night before. No medical advice had been sought. We discussed this with the registered manager who told us the person had been given pain medicine following the fall. After the inspection a medical appointment was arranged. Following this we were advised that the person had not sustained a serious injury.

We recommend the provider promptly seeks advice and support from health care professionals when people experience a fall in the home.

- Care workers told us they were confident in reporting safety concerns to the registered manager and were confident that concerns would be dealt with appropriately. People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible, and up-to-date records, and stored them securely.
- The provider managed the safety of the living environment and equipment. We saw documents to support all equipment and safety tests were passed and up to date. Fire drills were completed on a variety of days to ensure people were able to leave the building safely in case of an emergency.

Staffing and recruitment

- The provider had processes in place to ensure the recruitment process was safe. References were gained from previous employers. This ensured new workers previous conduct in care settings was satisfactory.
- Appropriate pre-employment checks included Disclosure and Barring Service (DBS) checks. DBS checks

provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- We saw 2 recruitment files which did not have full employment histories of staff. We discussed this, and the information was immediately gathered, and recruitment files were updated.
- The provider always had sufficient numbers of staff on shift to support people's care needs effectively. The numbers and skills of staff matched the needs of the people using the service.

Using medicines safely.

- The provider had measures in place to ensure that medicines were managed and administered safely.
- The provider worked closely with the pharmacy and the GP to ensure medicines were managed safely. The registered manager completed regular audits to ensure medicines were administered safely.
- Care plans contained adequate information about people's medical support needs. This included information about allergies and covert medication.
- People said staff gained consent before administering medicines to them in a safe manner.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We saw a bed base in one of the bedrooms was soiled along the side. This was discussed with the registered manager and assistant manager at the inspection. We were told that this was cleaned up on the same day of the inspection.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

We recommend the provider considers current guidance from a reputable source on cleaning and the appropriate use of PPE.

Visiting in care homes

- The service had relatives visiting throughout the day, and people were not restricted from visiting.
- People told us they had to call the home to notify they intended to visit. A relative told us, "You just have to call and tell them you are going to visit, it's very easy." We discussed this with the registered manager who said the reason was to ensure that people they were visiting were at home.
- The home had a large reception area where visitors could sit with people away from their bedrooms, and away from the main lounge.

Learning lessons when things go wrong

- The provider had processes in place for the recording of incidents. We found that follow up action, preventative measures and lessons learned were not recorded. An example of this was someone had been taken to hospital following a fall. The document was noted, 'hospital,' with no further information provided. This was discussed with the registered manager who said he would ensure that risk assessments were

updated on a regular basis as appropriate.



Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The interior of the service was not adapted in line with good practice to meet people's sensory needs. The decoration of the service was dated. All the walls in the home were one plain colour. There was a lack of posters, paintings, and colour throughout the home. The toilet doors had handwritten signs which were not clear or easy to read.
- Carpet on the steps on the lower floor was blue. The edges of the stairs were not marked to ensure people could clearly see the edge of each step. This was discussed with the registered manager at the inspection. There was a large safety gate at the top of a set of stairs on the top floor to prevent people from falling. People were able to access lower grounds via the lift which was in good working order.
- People had mixed views about the environment of the home. We received comments like, "It is very clean but a bit shabby," and "It is a homely place, could do with smartening up a bit," "It is very clean and anything needing doing is only cosmetic," and "[Family member] is happy and says it is a nice, homely place."

We recommend the provider consider current guidance from a reputable source on maintaining and designing an environment conducive for people living with dementia.

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

- The provider ensured people's needs in relation to health care and support were robustly assessed prior to or soon after admission into the home.
- Staff completed functional assessments for people who needed them and took time to understand people's behaviours.
- The registered manager worked with healthcare professionals and relatives to assess people's health care needs prior to them moving into the home.

Staff support: induction, training, skills and experience

- Records showed that staff had completed an induction period and job shadowing at the beginning of their employment. People thought staff had the relevant training and skills to deliver care safely.
- All staff had training at the beginning of their employment. The provider ensured there was ongoing refresher training so that staff would continually be able to apply best practice.
- Care workers were able to describe how their training and personal development related to the people they supported. A care worker said, "I had care experience before I began working here. I received training to help support me support people in the best way."

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

- People were supported to eat and drink enough to maintain a balanced diet. We saw that the kitchen was clean and well maintained. The home had a 5-star hygiene rating from the Food Standard Agency.
- People said that they were happy with the food they received. We received comments like, "[Family member] loves the food, and always comes down for breakfast. [Family member] has the snacks which are on offer throughout the day", and "The food is lovely, we are always offered cakes and biscuits as well."

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies to provide consistent, effective, and timely care. Health care professionals visited the home daily to administer medication to people with diabetes. The GP routinely attended the home one day each week to check on people.
- The service ensured people were supported to travel to access health appointments as required.
- People said that they were supported to access health care services. A person said, "Yes, the doctor is here once a week, but they organise the chiropodist or anyone we need as well."

Supporting people to live healthier lives, access healthcare services and support

- The provider worked with the local authority, the local pharmacy and healthcare professionals to ensure people were supported to live healthier lives and access healthcare services and support as required.
- People were happy with their access to healthcare services. We received comments like, "The doctor is here once a week, but they organise the chiropodist or anyone we need," and "This is all organised for me, if you need someone, they are very quick at arranging it."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals this is usually through MCA application procedures called Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The provider had made applications for DoLS authorisations based on individual assessment of people's capacity and care arrangements. The registered manager was aware of the need to notify the Care Quality Commission following the approval of DoLS applications.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was not always sufficiently promoted or protected. We witnessed someone going into and using the toilet without closing the door in full view of the reception area. We called for care workers to assist, we were ignored by 1 care worker and assisted by a second. This was discussed with the registered manager.
- We saw the toilet doors around the home had no locks. We were told this was a safety measure, so people did not accidentally lock themselves into the toilets. We discussed with the registered manager the right to privacy and dignity aspect of this arrangement. After the inspection, we were told that suitable locks had been fitted to all toilet doors.

The provider had not ensured people's privacy was always maintained. This was a breach of Regulation 10 (2)(b) [Dignity and respect] of the Health and Social care Act 2008 [Regulated Activities] Regulations 2014.

- People gave positive feedback about care workers respecting their privacy when providing person care. We received comments like, "Personal care is given behind closed doors", and "Yes, they are very discrete", and "They make sure curtains and doors are closed when giving care."
- There were mixed views as to whether people's independence was sufficiently promoted. We received comments like, "I think [family member] should be doing more", and "There isn't much independence now, but they encourage [family member] to do some things", and "We are encouraged to walk and do things I can mostly do what I want."

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

- We received mixed views of whether people thought staff were caring. One person said, "Occasionally they get a bit frustrated." However, people also said, "The welcome when I visit [family member] is lovely", and "[Family member] really likes the carer workers here," and "They are lovely, they are so good and gentle and kind with [family member]." These comments were discussed with the registered manager. We were told that meetings would be held with care workers to remind them of treating people with respect and safe handling.
 - People's protected characteristics were not documented in their care plans, which meant support needs and preferences around equality and diversity may not always have been considered. We saw no evidence to support this affected people in the home. We discussed this with the registered manager who said they would have meetings with people and their relatives to gather information so plans could be updated.
- Supporting people to express their views and be involved in making decisions about their care

- People said they were able to speak to managers and staff about the care they received. A person said, "They are around a lot so we can speak to them about our care if we need to."
- People said staff respected people's choices and wherever possible accommodated their wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At our last inspection this key question was rated as good. The rating for this key question has changed to requires improvement. This meant people's needs were not always met.

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

- People's care plans did not always have information about people's life choices, like choice of food or preferred daily routine, or goals and aspirations. We discussed this with the registered manager. We saw no evidence that people were negatively affected however we discussed this with the registered manager. We were this information would be gathered from people and their relatives, and documented, so it could be considered when planning daily activities for people.
- Care plans were reviewed regularly. Information about changes in health, GP and hospital appointments as well as changes to medication were all updated regularly to ensure that people's health needs were continuously met.

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

- Measures to avoid social isolation was not always implemented. We saw people who received bed care due to care needs not leaving their rooms. The health care professional on site expressed concerns about the isolation of these people. The only social contact these people had was with health professionals and care workers delivering care or when family members occasionally visited. We discussed this with the registered manager and assistant manager who did not believe there was a risk of social isolation due to people being visited by health care professionals and receiving support by care workers.

We recommend the provider considers current guidance from a reputable source on how to avoid social isolation when bedbound.

- There was a mix of views about the ability to access activities in the home. We received comments like, "When the weather is nice, I go out in the garden with the activities coordinator and did potting with her", and "I like being outside, I go whenever I can", and "I like to read but sometimes I paint upstairs." A relative said, "[family member] likes art and painting but I am not sure how much [family member] participates."

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 had an Accessible Information Standard policy in place. The registered manager ensured they would be able to provide people information in formats they could understand if required.

- At the time of the inspection, there was no one who required the support of information being available in a specialised format. People confirmed that they did not have any issues with communicating.

Improving care quality in response to complaints or concerns

- The service was responsive in addressing people's complaints and concerns. The provider had a complaints policy in place. We saw that there had been no complaints reported in the last year prior to the inspection.
- People said they would be comfortable with making a complaint or raising a concern if they needed to.

End of life care and support

- The provider had an end-of-life care policy in place. People were able to document their care wishes in relation to end-of-life care in their care plans if they wished to do so.
- Do not attempt resuscitation requests were documented on care plans and risk assessments, allowing people control over the support they received.
- Care workers received training in end-of-life care, so they were equipped to provide appropriate support if required to do so.

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 the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We were not assured the provider was fully aware of the requirement for promoting people's dignity, respect and privacy in the home. We were told that the home had removed the locks from toilet doors years prior to the inspection. We were not assured the provider was fully aware of the requirement for the safe monitoring and assessment of risk to people. For example, we saw people who were at risk of social isolation because they received bed care. The provider had not put measures into place or sought advice on how to prevent this.
- Managers had not identified the issues we found in the quality of care provided. The provider received positive feedback from people and relatives. However, we were not assured this was sufficient to be confident in some of the care people received .
- The service had quality assurance systems in place. However, these were not always effective and did not highlight or address shortfalls detailed in this report and shared with the registered manager. While we have no evidence that the shortfalls found during this inspection had a negative impact on people. The lack of effective quality assurance mechanisms put people at risk of not receiving good quality care.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had an open-door policy, staff and people told us they were able to discuss things important to them with the registered manager and the assistant manager. Staff told us they were empowered to provide good care for people. 1 care worker said, "The managers are friendly and approachable. We have meetings with the manager and sometimes the regional manager will attend."
- Staff said they felt respected and supported by the registered manager. They found the management team friendly and approachable, and they were happy to raise any concerns with them if required.
- People said they felt they were able to speak to the registered manager without any restrictions. There were monthly meetings where staff were able to contribute their concerns or ideas for improvement. We received comments like, "We have meetings more about the running of the home than care, and "Yes we have meetings with the registered manager or the assistant manager."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager was aware of their legal responsibility to notify CQC and relevant agencies when things went wrong.
- We saw evidence to support the service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.

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

- Care plans and risk assessments had no information about people's equality characteristics. This was discussed with the manager and assistant manager. There was no evidence to support people were affected. However, we were not assured that registered manager was aware of the requirement to fully consider peoples equality characteristics when delivering care.
- People said that they were not notified about events or issues of interest happening in the community that they might want to take part in.
 - The provider sought feedback from family members and visitors about the care received at the service with regular surveys. The registered manager would contact relatives by phone to notify them of any appointments or concerns they had with people.
 - People were aware of meetings being held at the home. Relatives told us that there are meetings at the home, but they were more about the running of the home than about the care being delivered to people.

Continuous learning and improving care

- The provider had measures in place to ensure care workers had access to continued learning. Care workers said they were able to request additional training in specific areas if they required.

Working in partnership with others

- The provider worked in partnership with a variety of agencies such as health care professionals, and the local church to help meet people's needs. People were supported to attend church and staff from the church attended the home to visit people.
- Health care professionals said, the care workers were very receptive and were willing to learn in order to provide safe care to people.

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>Section 10 HSCA Carrying on a regulated activity without being registered</p> <p>The provider had not ensured the privacy and dignity of service users was maintained at all times.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Lack of effective quality assurance put people at risk of not receiving good quality care.</p>