

Bupa Care Homes (ANS) Limited

# Warren Lodge Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection was carried out on 13 March 2018, and was unannounced.

Warren Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Warren Lodge is registered to provide nursing and personal care for up to 64 people. There were 55 people using the service during our inspection; who were living with a range of health and support needs. These included; diabetes, catheter care, dementia and people who needed support to be mobile. Warren Lodge is a purpose built premises situated in Ashford, Kent. The service had very large communal lounges/dining rooms available on each floor; with armchairs and TVs for people and a separate, quieter lounge, where people could entertain their visitors.

At the last Care Quality Commission (CQC) inspection on 23 and 24 February 2017, the service was rated Required Improvement in Safe, Effective, Caring, Responsive and Well Led domains with an overall Required Improvement rating. We found breaches of Regulations 9, 12, 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for the breach of Regulation 17 because there remained shortfalls in diabetes management and quality assurance. We found that there were no assessments about choking for people who were known to be at risk, and no guidance for staff about actions to take in the event of a choking incident. Staff did not raise the alarm appropriately when a person fell; delaying nurse input. Staff had not always followed the provider's processes for reporting incidents to the registered manager, which meant some had not been discussed with the local safeguarding authority. Some aspects of people's healthcare required improvement to ensure people received consistent care and treatment, but other areas were well-managed. People's individual needs were not always met because care plans contained confusing information. Quality assurance processes had not picked up and addressed the issues we found during this inspection. We also recommended that the provider obtains training for staff from a reputable source for diabetes, epilepsy and end of life care. That the provider carries out a full review of PEEPS to ensure they are completely legible and that the provider ensures that people's hopes and wishes for the end of their life are individually discussed and documented wherever possible.

We asked the provider to take action to meet the regulations. We received action plans on 18 April 2017, which stated that the provider will be meeting the regulations by 14 April 2017.

We carried out a focused inspection on 20 July 2017 to check that the provider had met Regulation 17. We found they had met the warning notice for Regulation 17. Improvements had been made in relation to meeting Regulation 17. The provider had taken action to address some of the concerns raised at the previous inspection. However, further work was required to ensure safeguarding incidents were robustly monitored and reported and behaviour which could challenge others was managed positively. Quality assurance processes had not been wholly effective in identifying risks to people in these areas.

We asked the provider to take action to meet the regulations. We received action plans on 21 September

2017, which stated that the provider will be meeting the regulations by 31 October 2017.

At this inspection we found the service remained Requires Improvement.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider did not follow safe recruitment practice. Gaps in employment history had not been explored to check staff suitability for their role.

There were activities located around the service for people to engage with independently and each dining room table was set up for people to be engaged in different activity. However, not everyone was engaged in activities during our inspection. We made a recommendation about this.

Staff received regular training. Clinical staff got the support they needed to remain up to date with current practice. However, supervision and appraisals were irregular and not up to date, which would have further helped staff to meet people's needs effectively. We made a recommendation about this.

Although effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service, these had not been rigorously followed. We made a recommendation about this.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support.

People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

People were safe at Warren Lodge. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for. There were systems in place to support staff and people to stay safe.

Medicines were managed safely and people received them as prescribed.

There were appropriate numbers of trained staff to meet people's needs and keep people safe.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff showed they were caring. They treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The registered manager ensured the complaints procedure was made available if people wished to make a complaint. Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

The provider had not always followed safe recruitment practices.

Medicines were managed and recorded in a safe way.

There were enough staff available to meet people's needs.

### Is the service effective?

**Good** 

The service was effective.

Staff received on-going training in areas identified by the provider as key areas. However, supervisions and appraisals were irregular and not up to date.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had the knowledge of Deprivation of Liberty Safeguards and Mental Capacity Act (2005).

### Is the service caring?

**Good** 

The service was caring.

People were supported by kind and caring staff that knew them well.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs

and preferences.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were fully assessed with them before they moved to the service to make sure that the staff could meet their needs.

There were activities located around the service for people to engage in. However, this needs to be improved upon.

The management team responded to people's needs quickly and appropriately whenever there were changes in people's need.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Improvements had been made to quality assurance systems and the provider was working towards ensuring that these were embedded so that all shortfalls were addressed. However, the audit system and records were not robust enough.

There was an open and positive culture which focused on people.

The provider and registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

# Warren Lodge Care Home

## **Detailed findings**

### Background to this inspection

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

This was a comprehensive inspection, which took place on 13 March 2018 and was unannounced.

The inspection was carried out by two inspectors, a medicines team specialist advisor who was a Pharmacist and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. The inspection was prompted in part by notification of an incident of unsafe medicines management. This incident is subject to on-going investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of medicine administration. This inspection examined those risks. We used all this information to plan our inspection.

We observed staff interactions with people and observed care and support in communal areas. We spoke with seven people who used the service. We also spoke with three relatives and a visiting friend of one person.

We spoke with five care staff, one activities coordinator, the trainer, chef, three registered nurses, the registered manager, clinical service manager, resident experience manager and the visiting regional manager. We also spoke with a visiting healthcare practitioner.

We looked at the provider's records. These included four people's care records, which included care plans,

health records, risk assessments and daily care records. We looked at six staff files, a sample of audits, satisfaction surveys, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records, staff rotas, safeguarding protocol and some audits.

The information we requested was sent to us in a timely manner.



# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person said, "I feel safe here. I like being here". Another person said, "I feel safe here. Sometimes the people (living here) are a bit peculiar. The staff bring me my pills. It works okay. I think there are enough staff". Others said, "We are well looked after. The staff are exceptional. I like the fact that there are qualified nurses on each shift", "I am very happy living here" and "I don't mind it here. I think there are enough staff. The staff are helpful and always there".

One relative said, "I feel [X] is safe here". Another said, "I am happy with the care. It is safe. I am not aware of any problems with his medication".

At the last Care Quality Commission (CQC) inspection on 23 and 24 February 2017, we identified breaches of Regulation 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to consistently assess and minimise known risks to people. The provider failed to effectively and consistently operate systems and processes to protect people from abuse. We recommended that the provider carries out a full review of PEEPS to ensure they are completely legible. We asked the provider to take action to meet the regulations.

At this inspection on 13 March 2018, we found the provider had improved the service by ensuring that they did all that was reasonably possible to mitigate risks to people and keep them safe from avoidable harm. The provider had improved the service by consistently operating systems and processes to protect people from abuse.

Previously, some people's care files documented that they were at risk of choking, but there were no individual assessments in place to show how the risk could be reduced. Neither was there any guidance for staff about how to manage choking. At this inspection, we found that records relating to food and drinks people had were kept. For example, for one person speech and language therapist (SaLT) had recommended how staff should support them with eating and drinking to reduce the risk of choking. We checked and found these were offered as per guidelines. There were detailed records seen as per SaLT recommendation for meals and fluids intake for the person. This meant that staff had been following specialist guidelines in order to meet people's needs.

The manager contacted other services that might be able to support them with meeting people's health needs. This included the local GP and the local SaLT team, demonstrating the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as professional visits, phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional's input into their care on a regular basis. Further, one person had been assessed by SaLT as needing a special type of mug to help them swallow liquids safely. We observed this person using the special mug during our visit. Professional advice for supporting this person to drink comfortably and safely had been followed by staff.

At our inspection on 23 and 24 February 2017, we found that processes designed to protect people from abuse or harm had not been consistently followed by staff. We found records of a number of behavioural episodes between people, which had resulted in some people being hit or slapped for example. Not all of these had been documented as incidents and some had not been passed to the registered manager for review in line with the provider's safeguarding system. However, at this inspection, we found that staff were adhering to set processes. Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and incidents could be recognised and addressed. One member of staff we spoke with told us that they monitored people and checked their care plans regularly, to ensure that the support provided was relevant to the person's needs. The staff member was able to describe the needs of people at the service in detail, and we found evidence in the people's care plans to confirm this. This meant that people could be confident of receiving care and support from staff who knew their needs.

The risk of abuse was minimised because staff were aware of safeguarding policies and procedures. Staff had access to the updated local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff spoken with told us that they would refer to this guidance whenever required. All staff said they would report any suspicion of abuse immediately. A member of staff said, "I have done safeguarding training. It is to protect people from potential abuse. We have BUPA speak up policy which encourages staff to speak to the manager first". Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "If I observe any bad practice, I will inform my manager immediately". The provider also had information about whistleblowing for people who used the service and staff.

People were supported in accordance with their risk management plans. We observed support being delivered as planned in people's care plans. Risk assessments were specific to each person and had been reviewed in 2017. The risk assessments promoted and protected people's safety in a positive way. These included moving and handling, medicines, care plans and daily routines. We saw they had been reviewed when circumstances had changed. Staff told us these were to support people with identified needs that could put them at risk, such as when their needs changed. For example, one person who recently was thought to be losing weight had their risk assessments reviewed in line with advice from healthcare professionals and this was discussed with staff on how to best meet their needs going forward. Guidance was provided to staff on how to manage identified risks, and this ensured staff had all the guidance they needed to help people to remain safe. For example, we saw diabetes guidance, which was detailed for staff to follow in the day to day management of one person's diabetes.

At our inspection on 23 and 24 February 2017, we recommended that the provider carries out a full review of Personal Evacuation Plans (PEEPs) to ensure they are completely legible. A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. At this inspection, we found that each care plan folder contained a PEEP, which was reviewed in 2017. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was in place. Fire equipment was checked weekly and emergency lighting monthly.

The service had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk for example, in the event of a fire. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

A business continuity plan continued to be in place. A business continuity plan is an essential part of any

organisation's response planning. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards with the least amount of disruption to people living in the service.

There continued to be enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely. The registered manager told us there were five care staff, an hostess and two registered nurses on the ground floor and six care staff, an hostess and two registered nurses on the top floor rostered in the morning and afternoon. There were three wake night care staff and one registered nurse at night on each floor. In addition, there was an activities coordinator, an administrator, a chef, a domestic, a maintenance staff, the clinical service manager, a resident experience manager and the registered manager. Records confirmed this level of staffing. We observed that staff were visibly present and providing appropriate support and assistance when this was needed. We noted an air of calm in the service and staff were not rushed.

We checked recruitment records to ensure the provider was following safe practice. The provider had not carried out sufficient checks to explore the staff members' employment history to ensure they were suitable to work with people who needed safeguarding from harm. We reviewed six staff files and saw that recruitment processes were not always fully carried out in line with Schedule 3 of the Health and Social Care Act. Gaps between staff education and employment histories were not fully explored in four out of six files reviewed. There were no dates on education history, so it was difficult to establish when staff finished their education and when they started employment. These were not discussed as part of the interview process. Two references had been received before staff started work. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There were also additional checks when the service was employing a nurse such as ensuring they were registered with the Nursing and Midwifery Council.

The examples above were a breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Due to the potential concerns notified to CQC about the management of risk of medicine administration, we examined the potential risks and found that processes were in place to ensure people's medicines were ordered, stored, administered, recorded and disposed of safely. We observed the registered nurses administered people's medicines safely. We noted staff helped people with their medicines in their own individual preferred way, either with extra support or not as required. Staff then signed people's medicine administration records (MARs) which were checked for completeness at the end of each staff shift.

Some people required topical creams for their skin, which care staff administered. We noted the topical creams on MARs and there were no gaps in staff signatures. When PRN (as required) medicines were administered, the reason for administering them was recorded within the MAR chart. This indicated that the registered manager continued to have an effective system in place for the administration of medicines safely. Some people received their medicines covertly (without their knowledge). We saw that there were multidisciplinary assessments and agreements relating to this. There was clear information for the staff about how to administer these medicines and when it might be necessary.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. We found the management of controlled drugs, which are medicines, requiring

additional measures to ensure they are managed securely, was safe. Records showed two staff always signed when a person was administered a controlled medicine as required, including if these were administered during the night shift and these records were audited daily. Staff told us and records confirmed that only the registered nurses administered medicines and they had undertaken the provider's medicines training and had their medicines competency assessed annually to ensure their practice was safe.

The environment and equipment used by people was safely maintained. There were regular checks on health and safety, cleanliness and whether equipment was in good working order. We saw that these had been recorded and action had been taken when concerns were identified. There was an up to date fire risk assessment for the building and information about fire safety had been shared with people living at the service and visitors as well as staff. There were regular checks on fire safety equipment, gas and electrical safety, water supplies and window restricting devices. We saw that the provider's contingency plan was available in the service's foyer along with an emergency equipment box and fire safety information. The service was well lit, with plenty of room to move around and seemed quite homely. There were lots of books, retro radio, soft toys, and magazines in the lounge and dining areas. Soft toys were used as a form of therapy for the elderly, particularly those who have a form of dementia. There were rails along the corridor walls as adaptations for people, which enabled safe movement.

There were systems designed to prevent and control the spread of infection. The domestic staff were aware of their protocols for work, responsibilities and schedules of cleaning. The equipment they used for cleaning was colour coded. We observed that the environment was clean and odour free during our inspection. There were sufficient domestic staff and they were busy throughout the day. The provider carried out infection control audits where any concerns were identified. These had been acted on. All staff wore personal protective equipment, such as gloves and aprons. These were disposed of after use. There was a schedule for checking and cleaning equipment, such as mattresses, hoists, slings and commodes; and the provider checked that staff were following these.

# Is the service effective?

## Our findings

Our observation showed that people were happy with the staff that provided their care and support. There were positive interaction between people and staff. One person said, "I like the food here. There is plenty to eat".

A visiting relative said, "The food seems good, there is variety".

At the last Care Quality Commission (CQC) inspection on 23 and 24 February 2017, we identified a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to minimise risks through having adequate assessment and guidance for staff. We also recommended that the provider obtains from a reputable source: diabetes, epilepsy and end of life care training for staff. We asked the provider to take action to meet the regulations.

At this inspection on 13 March 2018, we found the provider had improved the service by ensuring that they did all that was reasonably possible to minimise risks through having adequate assessment and guidance for staff. The provider had improved the service by giving guidance to staff which enabled them to meet people's needs.

Previously, we found that the management of people's diabetes had not been consistently improved. During this inspection, we found that staff had access to detailed information regarding meeting people's needs safely. For example, where a person had a catheter, there were detailed guidance about emptying and changing the catheter bag. There were guidelines in place for staff about monitoring the person's urine output, the colour of the urine and encouraging fluids intake. The daily records we looked at clearly confirmed these. People with diabetes had care plans which identified the signs and symptoms they may display when they became unwell due to this condition and what action staff should take to keep the person safe. People had had their care plans reviewed and there were detailed information about risks and keeping people safe. The clinical service manager confirmed this and said, "We had one person from BUPA (A Peripatetic Nurse) who went through our care plans such as for diabetes, catheters, peg feed, risk of choking and Parkinson's. I feel staff now have a better understanding and I have definitely seen improvement". A healthcare practitioner visited during our inspection and said, "I do reviews for long time conditions like diabetes. Medicine changes and reviews requests are sent in weekly. I believe people's needs are being met here".

We found that people's healthcare needs were met appropriately. People benefitted from access to trained nurses at the service and they told us that they could see a nurse whenever required. There were sufficient numbers of clinical staff on each rota to ensure that nurses could cover tasks such as administering medicines, applying dressings or checking people's catheters. Where people were at risk of pressure sores, specialist support was in place. We noted that there was only one person with pressure sores at the service, despite a large number of people being cared for in bed. Where people had been admitted with pressure sores, we saw that clear and effective plans were implemented that had led to improvements. We reviewed the records of one person's who experienced seizures and found that this contained a good care plan with a

detailed description of how seizures presented. There was also good information for staff about how to manage the seizure. Records were kept in the medical notes and it clearly stated how the person would be monitored. 'Seizure charts' were in place to record the dates, times and durations of them. The charts were designed to provide an overview of people's seizures so that they could be monitored for frequency and any changes.

The registered manager undertook an initial assessment with people before they moved into the service. A holistic assessment focuses on the assessment of whole person rather than specific areas. This includes the physical, emotional, mental health, spiritual, environmental, social, sexual, financial, and cultural needs of an individual. The assessment checked the care and support needs of each person so the registered manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately. People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed.

The initial assessment led to the development of the care plan. Individual care plans were detailed, setting out guidance for staff on how to support people in the way they wanted. Assessments followed current best practice and picked up people's clinical needs. Records showed that staff were competent in using tools such as waterlow (to measure risk of pressure damage to skin) and the malnutrition universal screening tool (MUST). Where needs were picked up in these areas, clear plans were developed. Where staff had noted a low MUST score for one person, because they had lost weight, they had been seen by a dietician. People's mobility needs were assessed and the service environment was suitable for people who used a variety of mobility aids. The building was purpose built with wide corridors and doorways. People were observed accessing parts of the service in wheelchairs without difficulty. There was clear signage around the service to assist people who were living with dementia to orientate themselves. Staff told us they had all the information they needed within the care plan to support people well. One member of staff said, "We have all the information we need to meet people's needs in the care plan". Care plans covered all aspects of people's daily living and care and support needs. The areas covered included medicines management, personal care, nutritional needs, communication, social needs, emotional feelings, cultural needs and dignity and independence. The cultural needs plans identified the support required by each person for example, if they needed support to attend the Church. Information such as whether people were able to communicate if they were experiencing pain was detailed. Care plans were regularly reviewed. All the care plans we looked at had been reviewed in 2017. The registered manager told us that care plans were reviewed whenever required, particularly when people's needs had changed. Care plans reviews were thorough, capturing any changes through the previous month or if there had been interventions such as with health care professionals.

Staff told us that they had received appropriate training to give them confidence in their roles. One staff member said, "Most of my training is up to date and I did a lot at induction." The provider had their own induction programme which all new staff attended. This was called a 'BUPA Care Homes Induction Training Portfolio' and involved new staff attending an induction with the in house trainer. The induction covered areas within the 'Care Certificate'. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. Staff also spent time at the service shadowing an experienced member of staff to prepare them for working with people independently. The provider kept a record of all training and ensured training in mandatory areas such as infection control and medicines was regularly refreshed. Staff also received training specific to the needs of the people that they supported. For example, staff supported people with pressure ulcers and records showed they had attended training in this area. Staff were also trained in how to support people with needs relating to dementia and moving and handling.



Clinical staff had the right support to maintain their professional competencies. Nursing staff were kept up to date with ongoing mandatory supervision. The provider ran trainings for clinical staff that kept them up to date with current practice in clinical procedures such as catheters. The provider kept a record of nurses' registrations with the Nursing and Midwifery Council and ensured that supervisions and training were carried out in line with their requirements for revalidation.

Staff were not regularly supported through individual one to one supervision meetings and annual appraisals. These would have provided opportunities for staff to discuss their performance, development and training needs. Staff spoken with confirmed that they had not had regular one to one supervision meetings to discuss their job role and development. One person said, "There is minimal supervision and I have had no annual appraisal". Six records reviewed showed that staff had not received regular supervision. Further, they have not had their annual appraisals which should be a minimum of once a year. For example, one member of staff last had supervision on 18 July 2017. Two other members of staff last had supervision on 24 October 2017 and no supervision notes found for the other three. There were no appraisal records for two out of the six staff files we looked at. This meant that development and training needs of staff had not been discussed with staff on an annual basis. This would have enabled staff to improve on their skills and knowledge which would ensure effective delivery of care to people.

We recommend that the provider seek advice about providing one to one supervision and annual appraisals for staff based on current best practice.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and what any conditions on authorisations to deprive a person of their liberty were.

The service was working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. Where people could consent to decisions regarding their care and support this had been well documented, and where people lacked capacity, the appropriate best interest processes had been followed. For example, one person who lacked capacity and needed to remain in secure environment had the MCA 2005 carried out according to the principles. A discussion was held with people involved and their advocates. It was agreed that the person remained in the service for their own best interest. This showed that the registered manager applied the principles of MCA 2005 within the home in a person centred manner which involved people in decisions about meeting their needs effectively.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation. The registered manager told us that people's DoLS were regularly reviewed with the local authority. Most people who lived in the service had authorised DoLS in place to keep them safe. These were appropriately notified to CQC.

People were supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. This showed that the registered manager continued to ensure that people's health needs were effectively met.

People were supported to have enough to eat and drink and were given choices. People were complimentary about the food that was prepared for them. One person said, "Ten out of ten for the food here. Lots of variety". Another said, "The food is good. I sometimes go to the lounge for lunch, or I stay in my room". Staff were aware of people's individual dietary needs, their likes and dislikes. Care records contained information about people's food likes and dislikes and there were helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. There was a picture based food menu available to people. We saw that at lunchtime, people were provided with elements of their meal individually pureed where required to ensure their meal remained appetising whilst safe to eat. People were provided with adapted crockery where required, which ensured they could remain independent when eating their meal. Staff supported those who required assistance with their meal.



## Is the service caring?

### Our findings

We observed that people continued to be supported by caring staff that were sensitive in manner and approach to their needs. We saw that people looked relaxed, comfortable and at ease in the company of staff.

One Person said, "The staff are friendly and caring. I feel they respect me. They call me by my name; knock on my door, that sort of thing". Another person said, "I am amazed at the forbearance of the staff with the residents. They (staff) are amazing. Usually the staff knocks on my door before they come in" Other comments included, "I feel respected here. If I need help they help me. They knock on the door before they come in".

A visiting relative said, "They get very good care here. They are treated with respect".

The registered manager continued to ensure people's individual records provided up to date information for staff on how to meet people's needs. This helped staff understand what people wanted or needed in terms of their care and support.

People's bedrooms and the corridors were filled with their items, which included; pictures, furniture and ornaments. This combined with information in their care plans, provided staff with a wealth of information about people, for staff to use to engage them in conversation. Staff had a good understanding of people's personal history and what was important to them.

We observed numerous pleasant interactions between people and staff during our visit. In the morning, we observed staff sitting with one person who was living with dementia. Staff were holding hands with the person and singing as the person smiled and nodded along to the tune. Later, staff noticed a person walking without their shoes on. The staff member gently encouraged the person to put some slippers on and when they refused, the staff member respected their decision and checked their socks were a good fit to avoid a slip or fall. The staff member then accompanied the person safely to their room. The caring nature of staff was further evidence by numerous compliments received from relatives and professionals. Staff were committed to their roles and this was reflected in their feedback to us. One registered nurse said, "The best thing about working here is caring for everyone like they're our own family. I think every one of us treats [people] the way we'd want to be treated ourselves."

Staff knew the people that they were supporting. People's care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff were able to give us details on people throughout the day, without needing to refer to care plans. Where people had specific needs, we observed staff meeting them proactively which showed that they knew them well. For example, one person appeared anxious whilst walking in a communal area. They told staff that they were tired. The member of staff said sympathetically, "I know, you didn't sleep very well last night did you?" and helped the person to choose a seat to have a nap in. This showed a good staff knowledge of the person's needs and their recent health and wellbeing.

People were involved in their care. Throughout our visit, staff were observed offering choices to people. People were offered choices of hot and cold drinks throughout the day. At lunch time, people were shown the food on offer and encouraged to make a choice. In the afternoon, we heard staff informing people of activities taking place in another part of the service and offering people the chance to attend. People's preferences were recorded and staff were knowledgeable about these when we spoke with them. For example, one person liked to dress smartly when their relatives visited and staff knew about this.

People's independence was encouraged by staff. One person told us, "I like to wash myself and staff let me do this." People's care plans recorded their strengths and what they were able to do so that staff could support them in a way that encouraged them to retain independence. One person was able to wash their face and attend to their oral care independently and this was recorded in their care plan. Another person liked to do their own make up each day after being supported with personal care and this was recorded in their care plan.

Staff on shift knew and understood each person's needs very well. Staff knew residents names and they spoke to them in a caring and affectionate way. They had knowledge of their past profession and who was important in their life. They understood the importance of respecting people's individual rights and choices.

People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medicine administration as we observed to maintain their privacy and dignity. One person told us, "They [staff] do knock on the door, they don't just walk in." People told us that staff provided care in a manner that was respectful and dignified. People said staff ensured doors were shut and curtains were closed when they provided personal care.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used. Records were kept securely so that personal information about people was protected.

The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible.

## Is the service responsive?

### Our findings

One person said, "I can be absolutely me in here, just be myself and I like it". Another person said, "I can make choices day to day, such as what I want to eat".

One visiting relative said, "The staff have a good rapport with the residents. If I had concerns I would speak with the deputy manager, or manager". Another said, "Communication with the staff seems to be good. The manager visited in hospital before we came here. They spent 2 hours with us" and another said, "My relative has had a lot of urine infections. Now they are better. The staff said that they are happy where they are".

At the last Care Quality Commission (CQC) inspection on 23 and 24 February 2017, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's care did not consistently meet their assessed needs. Some details in care plans were contradictory and created a confusing picture of people's current needs. We asked the provider to take action to meet the regulations.

At this inspection on 13 March 2018, we found the provider had improved the service by ensuring that they did all that was reasonably possible to consistently meet their assessed needs. The provider had improved the care plans, which enabled them to meet people's needs.

Each person had a care plan that reflected their needs, interests and preferences. For example, one person had a condition that meant they regularly experienced pain. Their care plan stated that staff should offer them medicine to reduce pain before personal care. It said that staff should support the person to move slowly and carefully avoiding any fast movements that could cause them pain. A staff member told us that they supported this person in line with this guidance. Where another person had requested they be supported by female staff only, daily notes showed that this was being fulfilled each day. People had memory boxes outside their rooms, these displayed photos and articles that reflected their background and interests. These created points of reference for people as well as conversation points for staff to engage with people. We found the care plans were being followed by staff in a consistent manner. For example, one person's care plan summary stated that they walked with a stick. We saw that this was documented in other places including the daily notes. We saw that staff supported the person according to the care plan on the day of our inspection. This person had been assessed as at high risk of falls so it was especially important that they had equipment at hand to support them when they mobilised.

Effective care planning was achieving positive outcomes for people. One person came to live at the service following concerns for their health at home. The person had a long term health condition that affected their mobility and they had started to lose weight. A care plan was drawn up where the person had daily support with personal care, support to eat and close monitoring of the person's weight. Regular reviews took place involving the person, relatives and healthcare professionals. Review records showed that the person had gained weight and had developed confidence and improved wellbeing. Care plans had been reviewed regularly and where changes were identified, staff took appropriate actions. For example, staff had noted changes in one person's behaviour that increased their risk of falls. A review took place and the person's care plan and risk assessment had been updated to include additional monitoring and supervision. The

person had also been referred to the community mental health team in response to this change.

End of life care was provided sensitively and in line with people's needs and preferences. People's care plans contained plans for the end of their lives and these took into account people's wishes named 'last days of life'. One person at the service was receiving end of life care and we saw evidence of regular involvement of the GP, hospices and relatives at these times. People and relatives were provided with information packs and the service had links with therapists and religious ministers to provide appropriate support at these times. People also had access to aromatherapy, hand massages and music therapy as part of planned end of life care. Where people had specific end of life needs relating to their religion, these were documented and met by staff. The service was signed up to the Gold Standards Framework for end of life care. This is a set of standards and good practice for ensuring people received appropriated holistic support at the end of their lives. Staff were trained on end of life. Staff completed a workbook named 'End of Life Awareness Learning Workbook'. This meant that staff were equipped with knowledge required to deal with end of life matters.

The provider employed three activity coordinators who planned and facilitated a number of group and individual social activities. On the day of our inspection, two activity coordinators were on duty. There was a plan of special events and activities and these were advertised on the service's notice board. We saw one activities coordinator encouraging people to take part. People were offered individual support according to their needs and choices. There were activities such as cards, dominos, board games, mindful colouring and knitting located around the service for people to engage with independently and each dining room table was set up for people to be engaged in different activity. However, people told us there needed to be more activities. One person said, "It is like being in prison here. At home I belong to lots of different clubs. We have walked outside here. I love to go outside". Another said, "There don't seem to be many activities. I can't remember any" and another said, "There aren't any exercises organised by the service. I would like it if someone came in to teach exercises. I do my own. I like to swim. I haven't been asked what I want to do. The activities co-ordinator makes bread and does pictures. I sometimes do some gardening".

We recommend that the provider seek advice and guidance from a reputable source, about the provision of meaningful activities responsive to the needs of people living in the service.

Staff continued to help people to stay in touch with their family and friends. For example, we observed relatives freely coming into the service to visit their family member throughout the day. Staff maintained an open and welcoming environment as family and friends continued to be encouraged to visit the service.

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display on the notice board in the service. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the local government ombudsman. There had been one complaint received in the last twelve months and this was resolved satisfactorily. Guide to resolving complaint was given out to relatives and people who used the service. Compliments log we looked at showed that the service has received 12 thank you cards/letters from relatives between 31 October 2017 and 04 January 2018.

## Is the service well-led?

### Our findings

We observed people engaging with the staff in a relaxed and comfortable manner. One person said, "The service runs smoothly. I have never had any problems". Other people said, "I would ask to speak to someone in charge if I had a problem. I think it is very well run" and "If I had a problem I would go to the staff".

A visiting relative said, "The staff have a good rapport with the residents".

At the last Care Quality Commission (CQC) focused inspection on 20 July 2017, we identified a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Oversight of the service had not been sufficient to identify shortfalls in the quality and safety of the service. Further improvements were required to improve outcomes for people in relation to managing people's behaviour and the reporting of safeguarding incidents. Action had been taken to respond to most areas of concern raised at the previous inspection, but there was continued failure by the provider to adequately identify, monitor and reduce risks to people as part of their quality assurance processes.

At this inspection on 13 March 2018, we found the provider had improved the service by ensuring that comprehensive quality assurance processes were being followed.

We found that the registered manager had implemented a comprehensive quality assurance system and used these principles to critically review the service. Regular checks were carried out on the quality of the care delivered at the service. Records showed that the provider carried out a range of audits in areas such as medicines, risk assessments, incidents and accidents and health and safety. The provider carried out a monthly holistic audit in which they looked at a range of areas such as documentation and staff practice. The provider also carried out series of audits either monthly, quarterly or as at when required to ensure that the service runs smoothly, such as infection control. They used these audits to review the service. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. For example, we saw that what we found about irregular supervision and appraisal had been identified as an area that needed improvement upon in the last audit carried out by the registered manager dated 6-8 February 2018. However, the audit carried out did not identify the breach of Schedule 3 of the Health and Social Care Act. Gaps between staff education and employment histories were not fully explored and no dates on education history, which made it difficult to establish when staff finished their education and when they started employment. At the end of our inspection, we gave our feedback to the registered manager. We received feedback the day after our inspection from the registered manager that the regional manager had notified BUPA quality team and they will ensure gaps are fully completed.

We recommend that the provider seek advice and guidance from a reputable source, in order to improve the audit system.

There was an on-going plan to identify and develop improvements at the service and these involved people wherever possible. For example as part of a plan to improve the quality and service provided, the registered

manager planned a joint relatives and people meeting due to take place on 21 March 2018 to listen to people's views on further improvements required in the service.

The provider understood the responsibilities of their registration. Registered bodies are required to notify us of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.

Where accidents or incidents occurred, staff responded appropriately. Staff took actions to ensure that people were safe following incidents such as falls or illness. Staff understood how to respond if they suspected abuse had occurred and we saw evidence of them doing so. The provider analysed accidents and incidents as well as clinical needs and risks as part of the registered manager's audit. Where patterns or trends were identified, appropriate actions to reduce risks were identified and implemented by staff. The provider kept a record of any accidents or incidents that occurred and documented the actions taken in response to them. The records showed that staff acted appropriately to minimise the risk of the same incident occurring again. The provider analysed accidents and incidents each month and produced a report that identified any trends such as if people were falling regularly in a particular part of the service or at a certain time of day. An analysis was also carried out on people's weights, skin integrity and infections each month. This helped to reduce a repeat of these falls. The provider noted that one person had fallen at least three times in one month and their risk assessment was reviewed after each fall. The registered manager met with staff and a plan was developed. Staff noted changes to the person's behaviour that increased the risk of them falling, so the person's community psychiatric nurse (CPN) was contacted. Staff increased their supervision of this person to reduce the risk of further falls and recording any changes in behaviour on a behaviour chart. This showed that the provider had systems in place to learn lessons from, and respond to, repeated risks.

There was a management team at Warren Lodge. This included the registered manager, the clinical service manager (CSM), resident experience manager and the regional manager. Support was provided to the registered manager by the regional manager in order to support the service and the staff.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. Staff felt they worked as a team at Warren Lodge.

Communication within the service continued to be facilitated through meetings. These included general staff meetings, healthcare assistant's meetings, housekeeping, registered nurses, relatives and resident's meetings. We looked at minutes of November 2017 and February 2018 meeting and saw that this provided a forum where areas such as staff trainings, rota, activities, people's needs updates and business plan amongst other areas were discussed. Staff told us communication had improved between staff, people, relatives and the management team.

The provider had systems in place to receive people's feedback about the service. The provider had recently asked people using the service and other stakeholders to complete surveys about their experiences. The response from these showed that people were happy with the service. People said they felt safe, were happy and well cared for. Some of the comments people made in the surveys and in cards to the provider included, "Thank you for caring for [X]" and "We will always be grateful for the help and support you gave us".

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where

a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the service and on their website.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	<p>The provider failed to follow safe recruitment practice. Gaps in employment history had not been explored to check staff suitability for their role.</p> <p>Regulations 9 (3) (a)</p>