Care Quality Commission

Countrywide Care Homes (2) Limited

Warneford House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 26 April 2016 and was unannounced. At our previous inspection in September 2015, we found the provider was not meeting all the regulations we inspected. This was because care and support needs were not always clearly identified in care records. Care records were not always reviewed with the expected frequency. The provider was not always responsive to the changing needs of people, in particular weight loss and dietary needs. Care plans did not always accurately reflect people's current needs. Call bells were not always in situ or within reach of people.

After the last comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We carried out this comprehensive inspection to check that they had followed their plan and to confirm that they were meeting all of the legal requirements.

Warneford House provides accommodation, nursing and residential care for up to 40 older people including those who are living with dementia. At the time of our inspection the home was providing support to 30 people. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

There were systems in place to protect people from abuse, staff had received appropriate support and training which enabled them to identify the possibility of abuse and take appropriate actions to report and escalate concerns. Risks were assessed and managed appropriately through the appropriate use of risk assessments.

There were systems in place to monitor the safety of the environment and equipment used within the home minimising risks to people. There were arrangements in place to deal with emergencies.

There were safe staff recruitment practices in place and appropriate checks were conducted before staff started work ensuring people were supported by staff that were suitable for their role. There was enough staff on duty to meet the needs of the people living at the home.

Medicines were managed, stored and administered safely by trained and competent staff.

There were processes in place to ensure new staff were trained appropriately and staff received regular training, supervision and annual appraisals. Staff gained consent for the support they offered people. The registered manager and staff were able to demonstrate their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation.

Staff had a good understanding of the needs of the people and how they liked to be supported. Staff spoke with and treated people in a respectful and caring manner and interactions between people, their relatives

and staff were relaxed and friendly. Staff respected people's privacy and dignity. People and their relatives told us they were made welcome in the home.

People received care and treatment in accordance with their identified needs and wishes. Care plans documented information about people's personal history, choices and preferences and preferred activities.

There was information on how to make a complaint displayed on the notice board for people living at the home. People knew how to complain and felt that when they did that their concern was taken seriously.

There were systems and processes in place to monitor and evaluate the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff deployed to meet people's needs in a safe and timely way.

Staff knew how to recognise and report abuse.

People were protected by the provider's recruitment procedures.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had the skills, training and knowledge to offer effective support to people.

Staff members understood the implications of the Mental Capacity Act 2005 and sought consent from people prior to care or treatment.

Staff liaised with community based health care professionals to make sure people's care and treatment needs were met.

Is the service caring?

Good

The service was caring.

Staff were attentive to people's needs. Staff were kind and thoughtful in their interactions with people.

People's dignity was promoted.

Staff were aware of people's individual needs, backgrounds and personalities.

Is the service responsive?

Good

The service was responsive

People received care and support from staff who knew them. Care plans were informative and reflected people's preferences.

There were processes in place to consult with people and their relatives about the service provided.

There was a complaints procedure in place although no recent complaints had been received.

Is the service well-led?

Good

The service was well-led.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

People were asked for their views on the service.

Staff were supported by the management team.

Warneford House

Detailed findings

Background to this inspection

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

The inspection took place on 26 April 2016. The inspection was unannounced and was carried out by an adult social care inspector. Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We had not asked the provider to complete a Provider Information Return (PIR) as this inspection was to establish if improvements had been made since our last inspection in September 2015. The PIR 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.

During the inspection we spoke with three people who lived at the service. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with eight staff, including the registered manager, registered nurse, care, domestic and catering staff. We looked at the care records of six people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at five staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service. We also received feedback from two relatives.

The last inspection of the service took place on 30 September and 1 October 2015 when concerns were identified regarding medication, record keeping, staff supervision and governance.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe. People's comments included; "I'm absolutely safe here." and "Definitely safe here." Relatives also told us that they felt their family members were safe. One relative told us, "Yes, mum and her things are both safe here."

Staff had the necessary knowledge to keep people safe and protected from harm. Staff showed that they had a good understanding of safeguarding and the different types of abuse that could occur. They were also able to tell us what indicators may be evident where abuse is taking place; for example people becoming quiet or withdrawn. Staff told us that they would feel confident in reporting any concerns and knew what processes to follow. One staff member told us, "I would go to management with any concerns. If I wasn't happy with the response I know I could contact the local authority or the Care Quality Commission."

Care plans contained risk assessments for a range of circumstances including moving and handling, mobility and nutrition. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. At our last inspection we found that not all people who lived at Warneford House had access to a call bell. The provider had improved this aspect of care. We found that where someone who was not capable of using the call bell system a risk assessment was on file and staff observations for that person had increased.

There were sufficient staff deployed to meet people's needs in a safe and timely way. People told us staff were available when they needed them and that staff attended promptly if they rang their call bells or verbally requested staff. One person told us, "They're here very quickly if I use the bell" and another person said, "The staff are never far away." Relatives told us that there were enough staff with appropriate skills to make sure their family members received the care they needed. One relative told us, "There are always staff around if she needs anything."

The staffing rotas were planned to ensure that staff with appropriate knowledge and skills were available in all areas of the service. Staff told us that there were enough staff on duty on each shift to meet people's needs effectively. They said they had time to provide people's care in an unhurried way. Care staff told us that qualified nursing staff were available if they needed to raise any concerns about a person's health or welfare. We observed that people's needs were met promptly during our inspection and that people were not rushed when receiving their care.

There was an effective recruitment policy in place. The staff files we looked at contained a minimum of two references and a check completed by the disclosure and barring service (DBS) before staff were able to start work within the home. DBS checks are carried out to check on people's criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults This helped ensure that staff were of good character and were suitable for their role.

The home used a specialised medicines system supplied by a local pharmacy. This provided individual

medicines in accordance with a GP's prescription for each person. We found that ordering, storage and disposal of medicines were all in accordance with the home's policy. Medicines which required refrigeration were stored safely in fridges and the temperatures were checked and accurately recorded.

At our last inspection we found that medicine administration records (MAR) were not always accurately recorded. The provider had improved this aspect of care. Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. There were appropriate arrangements for the storage, administration and recording of controlled drugs.. The registered manager carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that most were clear and accurate. We found one MAR had a missing signature and the stock of medicine did not tally with that as signed as administered. The registered manager's last audit had identified these issues and was in the process of addressing the issue through individual staff supervision. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines.

People felt the service was clean and well-looked after. One relative told us, "It is much improved." There were soap dispensers available in the toilets and staff had access to disposable gloves and aprons, which we saw were being used appropriately to maintain hygiene and minimise the risk of infection. Records kept by the registered provider showed that legionella checks had been completed as required.

Good

Is the service effective?

Our findings

People were cared for by staff who had the skills and knowledge they needed to provide effective support. People told us that staff knew them well and provided their care in the way they preferred. One person said, "The staff are very good, I get what I need when I need it." Another person told us, "The staff all know my likes and dislikes." Relatives told us they were confident in the skills and abilities of the staff who cared for their family members. One relative said, "My mum is looked after very well."

Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities to an appropriate standard and to meet people's needs. One staff member told us, "We have received a lot of training and it is really informative." Another staff member said, "There is always training available and it is very good." The provider's staff training records were reviewed and these confirmed what staff had told us.

Newer members of staff told us that they had completed an induction and worked alongside a more experienced member of staff or mentor before working independently. We saw that there were induction checklists in place which were completed by their mentor confirming the areas of learning. Staff completed workbooks to evidence what they learnt.

Staff received regular supervisions with the registered manager. One member of staff told us, "[Registered Manager] always asks us what training and development we think we need in supervision and does her best to get this for us." Each member of staff also received an annual appraisal of their performance. Staff told us that they felt well supported by the registered manager.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in understanding their responsibilities with regards to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. We observed staff asking for consent before assisting people to mobilise and helping them with eating. There were records to demonstrate that people had been asked for their consent for equipment such as movement sensors and for photographs. Staff were aware that any decision made for people who lacked capacity had to be in their best interests. The documentation in people's records outlined people's capacity to make decisions. We saw that when decisions had been made in people's best interests, such as when using bed rails, professionals and relatives had been consulted and the decisions were recorded in line with guidance.

We observed the lunch time period in the dining areas. The food looked appetising. People were offered a choice of food. People told us the food provided was very good and they enjoyed it greatly. We spoke with the member of kitchen staff who was knowledgeable about people's individual needs and likes and dislikes. Care plans indicated when people needed additional support maintaining an adequate diet or were at risk of weight loss. Food and drink charts were kept when this had been deemed necessary for people's well-being.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes.

Good

Is the service caring?

Our findings

People told us they felt cared for at Warneford House. One person told us, "The staff are lovely and very kind." Another person said, "The care here is excellent, I can't fault it." A relative told us, "I have no concerns at all about the care. I visit regularly and find the staff excellent, food good and the place clean and tidy."

During the day of the inspection we observed support being provided by care staff. We spent time in the communal areas of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. Communication was relaxed and staff and people using the service communicated in an easy manner. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. People's dignity and privacy was respected. Doors and curtains were closed when personal care was being provided for people.

People were involved in decisions about their care. People were able to choose where they spent their time. One relative told us, "Mum spends time where she wants to." We observed people using a variety of places within the service. Some people spent time in their rooms or in one of the lounges. Some people chose to have their lunch in their room, whilst others either had it in the lounge or in the dining room. Shortly after lunch a group of young school children visited to celebrate a person's 100th birthday. The children interacted with everyone in the communal lounge and we saw that this had a positive effect on individuals at Warneford House.

People's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly.

Bedrooms were decorated and furnished to reflect people's personal tastes. People had photographs, their own furniture and other personal items in their rooms which helped to give their surroundings a familiar feel.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People appeared well groomed and cared for, clothes were clean and ironed.

People and their families were involved in decisions about the running of the service as well as their care. Families told us they knew about their relatives care plans and the staff would invite them to attend any care plan review meeting if they wished.

Good

Is the service responsive?

Our findings

People and their visitors told us they met with staff to talk about the care and support they received. One person said, "The staff are very helpful, they know what care I need." A relative told us, "I visit whenever I want to, it's never a problem." People who used the service told us they were very happy with the care provided and complimented the staff for the way they supported them. One person who used the service said, "I have everything I need, I have no complaints."

People received care which was personalised to them and met their needs. We saw that pre-admission assessments were carried out before people came to stay at the service. This looked at areas of daily living which included mobility, communication and social interactions. The information was used to develop a care plan which was informative and gave staff information about people's preferences and how to meet their needs. For example, key details were included about allergies and how to support continence. Plans were up to date and had been reviewed. Relatives we spoke with told us that they were kept up to date with their relative's needs but had not seen the care plan. One relative said, "Staff will always keep me up to date with mum's care."

Daily logs were maintained by staff where they recorded their observations and notes on the care they provided. We saw evidence that peoples weight was regularly monitored and that people's nutritional and fluid intake was recorded. There were a number of monitoring charts in use including repositioning charts to evidence that people were being repositioned to promote their skin integrity and these were up to date. The recording of bathing or showering activity was not consistent. We found some files which had lengthy gaps of up to four weeks between recorded baths and one file which had not recorded any activity. We spoke to the registered manager about this on the day of our inspection. The manager accepted that this was a lack of recording rather than a lack of bathing activity and would be making improvements through team meetings and individual supervisions. Handovers were undertaken at shift changes to ensure that staff were kept up to date in any changes in people's health or wellbeing.

People had a care plan which was personal to them. The plans included information on maintaining their health, daily routines and goals to maintain skills and maximise independence. Care plans set out what people's needs were and how they wanted them to be met. The plans included a document detailing what was important to the person and how they wanted care to be provided. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. Most of the plans were regularly reviewed with people and we saw changes had been made following people's feedback. However, not all aspects of the care plans we looked at had been sufficiently reviewed. For example the moving and handling assessment for one person had last been reviewed in February 2016. Another person's falls risk assessment had not been reviewed in January or February. This was not in line with the provider's expectation of monthly reviews. We discussed this with the registered manager on the day of our inspection. They told us they would ensure they were brought up to date and also ensure the relevant staff we made aware via the supervision process.

People were confident any concerns or complaints they raised would be responded to and action would be

taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. One relative told us, "I am confident that if I did raise any concerns I would be taken seriously and listened to." The service had a complaints procedure, which was provided to people when they moved in and also displayed in the foyer area of the home.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised. Complaints received had been thoroughly investigated and a response provided to the complainant. Where complaints investigations identified learning points for the service, action plans had been developed and there was regular monitoring to ensure the actions were completed.

People who used the service chose where to spend their time. We saw there was a daily programme of activities provided and many people chose to take part. Activities included quizzes, games and group discussions. Other people spent time in their rooms when they wanted privacy or spent time in the lounges when they wanted to be with other people.

Good

Is the service well-led?

Our findings

People we spoke with were positive about the registered manager. One person told us, "They are very nice and very kind." A member of staff we spoke with told us, "I am well supported by the registered manager." Staff told us that they had confidence in the management and leadership of the home and that the manager operated, "An open door policy." We observed that the registered manager had a good relationship with the people living at the home who responded to them very positively. People and staff told us that the home always felt welcoming and had a friendly atmosphere, they said that they felt relaxed living at the home.

Quality assurance systems were in place to monitor the quality of care and support that people received. The registered manager completed regular quality checks of the home that was returned to the provider. The provider's quality manager also completed an audit of the home on a monthly basis, and during this reviewed competed actions. Neither of these auditing processes had identified a torn carpet to one of the bedrooms nor had they identified or actioned the need for redecoration, particularly on woodwork such as skirting boards and handrails, as identified at our last inspection.

The service had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. The management team was organised in a way that supported the registered manager to concentrate on the day to day running of the home and other tasks, such as human resources, finances and building management. This enabled the nurses and staff team to focus on people who used the service and ensure their needs were met.

The environment was clean. People's bedrooms and bathrooms were kept clean. The provider carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

People using the service, relatives and staff were asked for their views and this information was used to drive improvement. One relative told us, "We have relative meetings which are advertised. We can make suggestions there." Surveys were also sent to people on an annual basis, themes from surveys were shared with people at meetings, and actions arising from these also displayed on noticed boards in the home. The registered manager told us that themes arising from surveys and audits were shared with colleagues at regional meetings where appropriate so that organisational learning could take place.