Warrenheath Residential Home Limited

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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

Warren Heath Residential Home Limited 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. This service does not provide nursing care. Warren Heath Residential Home Limited accommodates up to 18 older people in one adapted building. There were 16 people living in the service when we inspected on 31 January 2018. This was an unannounced comprehensive inspection.

There was a registered manager in place. 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.

Following our last inspection of 2 February 2018, we rated the service as requiring improvement overall. We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems in place to monitor the service were not robust enough to independently identify shortfalls to ensure people who use the service were provided with good quality care at all times. For this reason we rated the key question of well-led as requiring improvement.

In the key questions for safe we rated the service as requires improvement. This was because improvements were needed in the infection control processes in the service and how people were provided with safe care at all times. In the key question for responsive we rated the service as requires improvement because there were inconsistencies in people's care plans. The key questions of effective and care were rated good.

At this inspection of 31 January 2019, we noted there had been improvements and there were no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the service good in all key questions and therefore the overall rating of the service has improved to good.

The registered manager since our last inspection, had sought advice and invested in a quality assurance tool to assist with the planning, monitoring and delivery of the service. The staff had worked with the local authority and had developed people's care plans so that there were no inconsistencies. Staff had undertaken training to increase and enhance their knowledge of infection control. These helped staff deliver safe and good quality care to people.

There were sufficient members of care staff to meet people's identified needs.

Staff received training in safeguarding and were aware of what actions they should take to safeguard people from abuse and knew what actions to take to promote people's safety and well-being.

There was a policy and procedure in place designed for the safe recruitment of staff. Staff were supported by

an induction process, regular supervision, training and a yearly appraisal.

There were suitable arrangements in place for the safe storage, management and disposal of medicines and people received their medicines when they needed them.

Care and support was delivered in line with the assessed needs and choices of the people living at the service. People had their nutrition and hydration needs met through the delivery of nutritious menus which took into account people's dietary preferences and requirements.

The service had built up an effective and supportive relationship with other professionals supporting people at the service.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were knowledgeable with regard to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's privacy and dignity was respected by the staff who knew the people they cared for well.

Each person had a recorded needs assessment and a care plan which was regularly reviewed in order for the staff to provide personalised care.

There was a complaints procedure and senior staff visited each person everyday to determine if their needs had changed and if they had any concerns. There were a range of activities available to the people for their entertainment and to enhance their wellbeing.

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.

The staff had received training in safeguarding adults and were aware of how to report safeguarding concerns they might have.

A dependency tool was used to identify the number of staff required to provide care to the people who lived at the service.

There was a robust recruitment policy in operation.

There was a medicines policy and procedure in place. Staff had received training in how to administer and record medicines.

The was an infection control policy in place and staff had received training about how to prevent and control infection.

Is the service effective?

Good

The service was effective.

Staff received supervision, training and a yearly appraisal

People's nutritional and fluid needs were monitored and met.

The service had built relationships with other professionals to support the people using the service.

There was a training programme in place for all staff which included understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 and training in Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

Staff were understanding and attentive to people needs.

People's privacy was promoted and respected by the staff.

People were treated with dignity and compassion.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and this information was used to construct their personal care plans.

The service had a complaints policy and procedure.

People had been consulted and information recorded regarding their end of life views.

Is the service well-led?

Good

The service was well-led.

There were effective systems and processes in place to ensure the quality of the service was effectively monitored.

Staff found the manager approachable and supportive.

The service collected and acted upon information collected from surveys and audits to continuously improve the quality of care people received.

Warren Heath Residential Home Limited

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.

The inspection was unannounced and carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We reviewed the previous inspection report and the action plan sent to us by the service with regard to the previous inspection to help us plan what areas we were going to focus on during our inspection. We looked at other information we held about the service including statutory notifications. This is information providers are required to send us by law to inform us of significant events.

We spoke with five people who used the service and three people's relatives. We observed the care and support provided to people and the interactions between staff and people during the inspection.

We looked at records in relation to four people's care. We spoke with the registered manager, the provider, the assistant manager, one care assistant and one member of the catering staff.

We looked at records relating to the management of medicines, staff recruitment, staff training, staff rotas, complaints and compliments, service policies and procedures and systems for monitoring the quality and safety of the service.

Good

Is the service safe?

Our findings

At our last inspection of 2 February 2018 we rated this key question as Requires improvement. At this inspection the rating for this key question has improved to Good.

At our last inspection we found improvements were needed in the infection control processes in the service. This was because some equipment people used was not clean and some staff used poor practice placing people at risk of infection.

At this inspection we found action had been taken and the service was clean throughout including peoples walking frames. There was a cleaning schedule in place which was audited to show that cleaning had been carried out. Staff had received training in the control of infections and wore gloves and protective clothing as necessary. The registered manager and deputy manager had worked upon identified actions from our last inspection to improve the service.

The staff we spoke with were knowledgeable about the people they supported and were aware of the risks to their safety such as falling. Actions had been taken to mitigate risks such as injury from falls. For example, there were sensor mats in some people's rooms to alert the staff if they got up during the night and would need staff assistance.

The staff had received training into how to safeguard people in their care. From the questions we asked the staff they were able to demonstrate their knowledge about abuse and actions they would take to safeguard people. A member of staff told us, "I would report anything to the manager but I do know how to do a safeguard myself."

Staffing levels were sufficient to meet people's needs. One person told us, "There are always enough staff." Another person told us, "The staff come and see me regularly to check how I am." A relative told us, "There are always enough staff on duty." The registered manager explained to us that they used a dependency tool based on people's needs to help them decide upon the number of staff required to be on duty to safely meet the needs of the people living at the service. We examined the staffing rota for both days and nights and saw that it was stable with regard to the same regular staff working at the service. The rota also reflected the number of staff required to meet the assessed needs of the people.

We noted that staff were present in the lounges of the service to support people throughout our inspection. Some people liked to spend periods on their own in their rooms at times during the day. The staff we spoke with were aware of this and we observed staff regularly visiting people in their rooms at these times to check upon their well-being.

There were emergency plans in place for the evacuation of people in the event of an emergency. Each person has a personal emergency evacuation plan in their care plan to explain to staff how to support them during any emergency.

Staff recorded any falls that people sustained, incidents and accidents were discussed with members of the staff team and external falls prevention team to determine what lessons if any could be learnt.

We saw that the recruitment policy clearly stated the need for Disclosure and Barring Service (DBS) checks and satisfactory references to have been completed prior to any new member of staff commencing work at the service. We saw staff files to check there was evidence of DBS checks and other safe recruitment practices in place such as the checking of references and enquiring about any gaps in the staff member's employment history. A member of staff informed us about the recruitment process and confirmed that they had supplied references and completed a DBS declaration form for the service to send to the DBS for checking. This meant the service followed their policy which was used for the safe recruitment of staff.

Records showed that staff who were responsible for administering medicines had received training. We observed some of the morning medicines administration and the staff were knowledgeable about the reasons why the medicines had been prescribed. Each person had a Medication Administration Record (MAR) with their name, up to date picture and any allergies were all recorded. Where people were prescribed medicines to be taken as required (PRN), protocols were in place to inform staff how and when these were to be administered. MAR charts were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time.

Good

Is the service effective?

Our findings

At our last inspection of 2 February 2018 we rated this key question as Good. At this inspection Effective remains Good.

The staff assessed people's care needs and responded to their individual choices. There was a section in people's care plans to record their assessed needs. Some people required assistance with daily living tasks while other people required support with their physical needs and support with memory problems. Assessments reflected the individual needs of the person. The care plans were person-centred to reflect those needs.

Staff had engaged with people to discuss their choices about how they wished to spend their time and support required to meet those needs had been recorded. We saw that the person's care plan was reviewed by the staff monthly and with the person every six months or more frequently should the need have arisen. One person told us, "The manager talks to me about my care plan and how things are done."

We saw from records that all staff received an induction when commencing at the service and then on-going training. Care staff had regular supervision with a senior member of staff and in turn were supervised by the registered manager. All staff had an annual appraisal. One member of staff told us, "We have had lots of training so you do feel confident to care for each person here."

People were supported to have sufficient to eat and drink. One person said, "We have a choice of foods and we like fish and chips on Friday and a roast on Sunday." Another person told us, "The catering staff are nice and we always have enough to eat."

Our observations during and after lunch showed that staff supported people with their assessed needs during this time. Staff spoke with people at eye level by sitting next to them and helping them to enjoy their meal. People had a choice to eat where they wished and staff supported people to eat their meal in their room if this was their choice. When staff had a concern about the person's diet and fluid intake this was recorded on food and fluid charts. We saw from people's care plans that people were weighed monthly and more regularly should there have been any concerns about their weight.

People had appointments with GP's and other professional staff such as dentists and opticians as required. We saw that visits from other professionals were recorded and information shared at handover so that the staff were aware of the care to be provided and kept up to date. One person told us, "The staff make arrangements for me to see the doctor as necessary."

Since our last inspection the service had been decorated throughout and the people living at the service had been consulted about the refurbishment. People informed us that they had been involved in the choosing of the colour scheme. People's doors were numbered and there was some signage in the service to help people find their way around their home.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Training for the staff had been provided regarding MCA. We checked whether the service was working within the principles of the MCA and whether any conditions and authorisations to deprive a person of their liberty were being met. The registered manager confirmed that they and the staff had received training and further training was planned. They had considered and involved family members in the decision making process. We saw appropriate and completed use of the mental capacity forms to record information required to support people.

Good

Is the service caring?

Our findings

At our last inspection of 2 February 2018 we rated this key question as Good. At this inspection Caring remains Good.

Positive caring relationships had been developed between the people using the service and the staff. One person told us, "The staff are really very nice." A relative told us, "[My relative] is cared for by very caring staff." Another relative told us, "The staff always keep us up to date of any changes."

Whilst observing staff interacting with those people in their care, it was clear that the staff had a good knowledge and understanding of the needs, abilities and difficulties experienced by the people. Staff appeared flexible in their dealings with people, knowing how to divert attention when people became distressed in their manner. This was always handled in a kind, and sensitive way.

When providing care to a person such as giving them a drink the staff member engaged in conversation with them and offered the person choices about the drink. This meant the member of staff had sought the person's views and supported them to make decisions from the choices offered.

People's records identified how people's privacy was to be respected. We saw that staff knocked on doors and sought permission before entering. People were discreetly escorted to the bathroom. People told us how their independence was promoted and respected. We were aware of how people using the service for respite care had been supported to increase their independence and had left the service as a result.

Staff had recorded important information about people including their life histories. Care plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner. Staff told us that information they obtained to plan people's care had helped them to provide care and support in a way that was preferred by the person. One person told us, "The staff are very caring and always bring me a cup of tea in the morning just the way I like it."

We saw staff use non-verbal communication to support the spoken voice to explain what they were saying to people. People's privacy was respected and we observed staff closing people's room doors and bathroom doors prior to administration of personal care.

Good

Is the service responsive?

Our findings

At our last inspection of 2 February 2018 we rated this key question as Requires improvement. Due to improvements the rating for this key question is now Good.

At our last inspection we found there were inconsistencies in people's care plans. The care plans needed improvements in how people's needs were planned for.

At this inspection we saw records that informed us following an initial assessment how the service would meet the person's individual needs. The registered manager had accepted support from the local authority to improve people's care plans. We saw that people had contributed to their assessment and care plan. The assessment identified how the person liked to be addressed; identified their needs and what was important to them. We saw that discussions had been held about items the person wished to bring with them to the service.

Relative's told us a detailed assessment of the person's needs was carried out before they came to the service. Senior staff informed us about how people were visited to determine their needs and to provide information about the service to them. The information gathered at the assessment of the person's needs was then used to develop their care plan so that staff had the guidance they required to provide safe and appropriate care.

There was evidence that people's wishes and preferences were met and included in their care plans wherever possible. One person told us, "Yes I have a care plan and can talk to any of the staff about my care whenever I need to." A relative told us, "No problems with the care plan we feel fully involved."

A person told us, "We play all kinds of games here and have entertainers come in which is nice." We looked around the service as the start of the inspection and saw a number of people in a lounge enjoying playing dominoes. One person was playing a musical instrument and other people were singing along with the songs. A member of staff was playing a guessing game with people living at the service which from the reactions of people, was greatly enjoyed. Each person's care plan contained details of what the person liked to do and how the staff would support them with their hobbies and interests.

The people we spoke with told us they did not have any complaints. One person informed us. "No complaints and the manager would sort anything out if I was worried." Another person told us, "Nice place no need to complain." A relative told us, "The manager is kind and whenever they see us they ask how things are?"

There was a complaints policy and procedure and the registered manager showed us the complaints log. Complaints had been carefully recorded and the procedure followed. As well as dealing with the complaint there was also an action section to consider if there were any lessons to be learnt which could be shared with the whole staff team.

The staff did support people if it was their wish and they could do so to stay at the service at the end of their life. The service was supported by other professionals at these times. Senior staff spoke with us about how they were sensitive when discussing plans with people and their relatives regarding end of life care. Emphasis was placed upon finding the right time to speak with people and their families if they so wished. The review was an appropriate opportunity and it was carefully noted if the person wished to express their preferences at that point.

Good

Is the service well-led?

Our findings

At our last inspection of 2 February 2018 we rated this key question as Requires Improvement. Due to improvements the rating is now Good.

At our last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Good governance. We were not assured that systems and processes had been established and operated effectively to assess, monitor and mitigate the risks relating to the health, welfare and safety of people who used the service.

At this inspection we found that appropriate action had been taken by the staff and there were no breaches of the Health and Social Care Act 2008 at this inspection.

We saw that the staff under the direction of the manager had carried out effective auditing and implemented any identified actions. Cleaning schedules were in place, people's equipment was clean and staff had received and acted upon infection control training.

We discussed the action plan of how the above had been addressed with the registered manager and provider. They had sought widely and taken advice upon what quality monitoring tool to use to help them audit and take resulting action to keep people safe and improve the service. The registered manager had decided to use a system which required actions to be carried out and recorded every week. Using this information technology system had given the senior staff confidence that each week they were checking aspects of the service and taking any resulting action at the time as deemed necessary. For example, the fire alarm system and emergency lighting had been checked at the time the quality monitoring plan had specified. Issues identified had been carried out with immediate effect.

The registered manager used the quality monitoring tool to record that care plans had been reviewed on a monthly basis or more frequently if required. Information had been recorded in the care plans that they had been checked and any actions recorded.

The service provided a culture that was open and empowered people to remain independent and supported them to determine how their care was delivered. A person told us, "I think the place is well run and all the staff are hard working." A relative told us, "A very nice home pleased [my relative] is here."

The registered manager held meetings with senior members of staff both individually and collectively to discuss issues, including clinical, to plan the smooth running of the service and learn from events. The staff informed us the registered manager and deputy manager provided visible leadership within the service. A member of staff told us, "They both help us when needed with direct care." The staff we spoke with told us that they felt well supported by the registered manager and deputy manager. One member of staff said, "The provider is great they work here a lot and always cheer everyone up."

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff told

us that they could go to any of the senior team when they needed advice and support. Staff meetings were held where they discussed the service and any changes in people's needs. Discussions included positive comments received from people, learning from mistakes and improvements being made in people's care plans. Staff had been informed that they could speak with the management team at any time if they had concerns about the service.

People we spoke with were complimentary about the senior staff. One person told us. "One of the managers comes around everyday." Relatives informed us that they could approach the senior staff at any time.

The senior staff of the service carried out surveys as well as listening to the views of the people living at the service and also their relatives. This information was used to review and plan the future of the service. The most recent involvement had been the internal refurbishment. The staff planned to consult people about the development of the garden.

There was an on-call procedure in place so that staff in charge of the service could contact a senior colleague at any time for support. Staff told us they felt supported by the registered manager and that there was a culture for them to continue to learn and develop their skills.