Barchester Healthcare Homes Limited

The Warren

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 13 and 18 January 2016 and was unannounced. At the last inspection on 14 January 2014 the service was meeting the legal requirements.

The Warren is a service that provides accommodation for up to 44 people. It offers residential care and support for older people, some of whom may be living with dementia. On the day of our inspection 39 people were living in the service.

The service 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.'

People living in the service were safe. However, there were times when there were insufficient numbers of staff available to meet people's needs in a timely way. Staff and the management team understood their responsibilities in safeguarding people from harm. Identified risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively.

Appropriate recruitment procedures were followed and pre-employment checks were carried out to ensure staff were suitable to work with people receiving care and support. There were occasions when staffing levels were lower than the provider had identified as being required. However people's needs continued to be met and staff provided good support to people.

Medicines were managed and administered safely in the home and people received their medicines as the prescriber had intended.

Staff were skilled and motivated to support and care for people. Staff also knew people and their needs well. New members of staff completed an induction and all staff received appropriate training and were supported well by the 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 the 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 service was working within the principles of the MCA.

People had enough to eat and drink and the cooks provided good quality food and catered for individual preferences. The cooks and all staff tried to make mealtimes a pleasure rather than a necessity and these occasions were treated as a special event.

People had regular access to healthcare professionals and were supported to attend appointments if needed.

All staff at the service were caring and supportive and treated people as individuals. The care provided was sensitive and person centred and people's privacy, dignity and wishes were consistently respected. Friends and relatives were welcome to visit as and when they wished and people were supported to be as independent as possible.

People were happy living in The Warren and their interests and hobbies were encouraged by staff. There was a positive atmosphere in the service and people had access to the community if this was important to them. Assessments were completed prior to people moving into the home, to ensure their placement would be appropriate for them and would meet their needs. People were also involved in planning their care.

There was an open and positive culture at The Warren. People using the service and their relatives were given opportunities to raise issues about the quality of the care provided and knew how to make a complaint if needed. People's comments were listened to, with appropriate responses and action was taken where possible.

The service was being well run and people's needs were being met appropriately. The manager was approachable and communication between the manager and staff was frequent and effective.

There were a number of systems in place to ensure the quality of the service was regularly monitored and maintained. The manager carried out regular audits to identify and take action on any areas that needed improvement.

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 always safe.

There were occasions when staffing levels were lower than the provider had identified as being required. Sometimes people waited a long time for assistance. On occasions staff did not use the appropriate equipment to move people.

Staff and the management team understood their responsibility in reporting safeguarding concerns. Identified risks to people's safety were recorded on an individual basis.

Medicines were stored and given in accordance with good practice so people received them safely.

Is the service effective?

Good

The service was effective.

Staff were skilled and motivated to meet people's needs. New staff had an induction before they started working with people and all staff received training and supervisions.

People's consent was always sought and nobody was being unlawfully deprived of their liberty.

People's dietary needs were supported and people were given choices of what to eat and drink. Staff provided dignified support for those who required assistance with eating and drinking.

People had regular access to healthcare professionals and were supported to attend appointments if needed.

Is the service caring?

Good

The service was caring.

People were well cared for and treated as individuals. People's privacy and dignity was respected.

Relatives were welcome to visit as and when they wished and

people were encouraged and supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

Staff knew people's likes and dislikes and supported people to pursue interests they found enjoyable.

People and relatives could voice their concerns and were listened to, with appropriate responses and action taken where possible.

Is the service well-led?

Good

The service was well led

The service was being well run and people's needs were being met appropriately. The manager was approachable and communication between the manager and staff was frequent and effective.

Systems were in place to ensure the quality of the service was regularly monitored and maintained. Regular audits were carried out and action was taken on any areas that needed improvement.

The Warren

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.

This inspection took place on 13 and 18 January 2016 and was unannounced. The inspection team was made up of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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 reviewed information we held about the service, including any statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also spoke with people from the local authority's safeguarding team and quality assurance team.

On the day of this inspection we spoke with nine people living in the home, one healthcare professional, one social care professional and eight care staff, including seniors. We also spoke with the head chef, the assistant chef, and the registered manager. We used the Short Observational Framework for Inspection (SOFI) on two occasions. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two relatives and a friend of someone living in the service.

We reviewed three people's care plans to see how their support was planned and delivered. We also reviewed the manager's records of checks that had been made to ensure people received a good service and a selection of other records that related to the management and day to day running of the service.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with said they felt safe. One person said, "I feel very safe. The staff are so caring and I could definitely talk to them if I was worried about anything". A second person told us, "I feel safe because of the staff and the building and because someone is there if you need them". Another person said, "I'm looked after very well. Before I came in here I kept falling due to my condition, and they [staff] are keeping me safe".

On the day of this inspection, planned safeguarding training was underway. The Manager told us that staff were trained on how to identify safeguarding issues and how to report them. They also explained how it had been reiterated to staff that it was everybody's responsibility to act on safeguarding concerns, not just that of the management team. When interviewing potential new staff, the manager told us she asked candidates what they would do if they witnessed abuse by another member of staff and that if an inappropriate answer was given, they would not be employed. We noted that the manager had reported a recent safeguarding concern to social services and an internal investigation was being carried out. The provider also had their own safeguarding help line for staff to call.

If someone fell or had an injury, staff passed this information onto a senior carer and the manager, who analysed the incident to find ways to prevent it from happening again. The manager had also reported serious injuries to us in the past, which showed that appropriate action had been taken to keep people as safe as possible. Identified risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively. There were pre-admission assessments in place and everyone had a monthly review of their care to identify changes in people's needs as well as review and minimise any risks.

However, in one person's care records we saw that the person had been losing weight recently. We also noted that this person had mobility and breathing difficulties and were currently low in mood. However, the home had not investigated the reason for the person's weight loss or taken action to reduce the risk of further weight loss. This meant the person was at risk of losing more weight, which posed a risk to their overall health and wellbeing. We raised this with the manager who said they would arrange a meeting with the person, their relative, their key worker and themselves, to consider possible solutions. The manager told us that this would also be in consultation with a relevant health professional.

All staff we spoke with had completed fire safety training and knew what to do in an emergency. A recent fire practice had also been carried out. The manager said that, for the evening staff, there was always a manager or senior on call. In the staff room and the manager's office there was an emergency plan in place, with numbers to call if there was a sudden failure in the home, such as the loss of electricity or water. These measures ensured people remained consistently safe in the home.

There were occasions when the staffing levels were not sufficient to meet people's needs. People we spoke with told us that they sometimes had to wait for 10 to 15 minutes after pressing their bell before someone came to them. One person told us, "The buzzers do take a while to be answered, particularly in the morning and mid-evening. I do get stressed, that if it was a real emergency, I'd had a fall for instance, that I might

have to wait too long if they're [staff] busy".

However, other people said they were not concerned or distressed by waiting 10 to 15 minutes for the bell to be answered. One person said, "But you have to consider there are others besides you that need help. Not everyone thinks like that".

Some members of staff said there were not enough staff and some staff told us they felt really tired. One person said there were occasions when they didn't use the appropriate equipment to transfer people, because they did not have time to get it. One staff member explained, "They use two members of staff [rather than the equipment], this is rare, but it does happen". Another member of staff said that because people were so tired at times they feared it could potentially cause a safeguarding incident.

During both days of our inspection we noted call bells from people's rooms were ringing for a long time before being answered. We noted durations of 12 minutes, 15 minutes, and 20 minutes before the call bell was answered. We also observed call bells being answered after two or three minutes and people commented how supportive and caring the staff were, one person said, "They're patient and kind. They listen to you and always deal with what's needed".

We looked at the last three weeks' staffing rotas before our inspection, which were based on the provider's own measure of what they felt were safe and appropriate staffing numbers. We found that, despite the use of agency staff, on average in the mornings, there were less numbers of carers on duty than the manager had deemed necessary to keep people safe. One staff member said, "Yesterday we only had three care staff working in the morning when we should have had six. The seniors helped us on the floor and the deputy manager did the medication. Today we are one care staff short and a senior is helping us. This means that we are always so busy and people have to wait when they ask for help. We rarely have time to sit and talk to anyone and often do not get our breaks".

We discussed this information with the manager, who explained that whilst the home wasn't fully occupied, a lower number of staff was appropriate and that people's needs were still being met. In addition, the manager said she would speak to all staff, and remind them to use the appropriate equipment, as outlined in people's individual moving and handling risk assessments.

We checked the recruitment records for three recently appointed members of staff. Each of these had references, proof of their identity and appropriate police checks carried out before they had started working in the home. This assured us that appropriate recruitment procedures were followed to make sure that new staff were safe to work with people who lived in the home.

Medicines were stored securely in each person's bedroom in a locked wall cupboard, with access restricted to senior staff only. We saw that other medicines, such as insulin and homely remedies were stored in a locked medication trolley, in a lockable care station within the home.

We noted that temperature checks of the care station and the fridge where medicines were stored were conducted daily to ensure they were within safe limits. Appropriate arrangements were in place for the recording of medicines, including the dates when items such as eye-drops and creams had been opened. Medicine administration records were accurate and had been fully completed showing that people had been given their medicines as prescribed. Checks of these records were made at the start of each shift to help identify and promptly resolve any discrepancies. Weekly audits were also carried out.

Good

Is the service effective?

Our findings

People were cared for by well trained staff. One person we spoke with said, "I think they're [staff] trained well enough, yes - they know what to do. Staff we spoke with said they felt they had the skills and knowledge to do their job. They told us they had also received training for mental health issues, moving and handling, health and safety, fire safety, infection control, the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). A member of staff said, "The manager has been making sure that we all complete all of the necessary training". Staff also said they had completed a National Vocational Qualification (NVQ) Level 2 and some were going on to complete a diploma in health and social care soon. New staff members said they completed 'shadowing' of experienced staff for a week before they started the job and that they had completed training in key areas like safeguarding and manual training.

Staff told us they had regular planned supervisions approximately every two months, but they said they had not had an appraisal yet. Staff said they could talk to the manager at any time, if needed. One member of staff said, "The manager encourages us to let them know our views". Another member of staff said, "If we need to discuss anything with the manager we can do this at any time". The manager told us that all staff returning from periods of sickness had a back to work interview. They also explained that sickness was monitored, to ensure staff were appropriately supported and to make sure the service could continue to meet people's needs

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

People's consent to care and treatment was sought in line with the legislation. People told us that staff always asked for their consent to do anything. One person said, "Oh yes, my wishes are always respected. They [staff] listen to you, they're very good".

We found capacity assessments were recorded in people's files, which we noted were time and decision specific. Where people lacked the capacity to make the decision, appropriate best interests decisions had been made on their behalf. This showed that the service followed the principles of the MCA when making decisions on behalf of people lacking capacity.

The manager had informed the CQC of two recent Deprivation of Liberty Safeguards (DoLS) applications which had been authorised by the local authority DoLS team. The manager had made additional applications to the local authority and was awaiting their response. The manager explained the situation

when a DoLS referral was needed and demonstrated a clear understanding of 'mental capacity'.

People were well supported by staff during mealtimes. One person told us, "There's plenty to eat, I'm never hungry. "There's a good choice" another person said "The food's quite alright and there's enough to eat. There's always a choice at lunchtime and at teatime. I think its macaroni cheese tonight. They'll get you a piece of toast or something if you want it in between."

We observed the lunchtime period in the dining room. People were really enjoying their meal; there was a positive atmosphere at lunch time, with people engaged in conversation and laughing.
Some people were supported by a staff member to eat and drink and we saw this was done respectfully. For example, with the staff member at the person's eye level, talking to the person and encouraging them to eat and drink. When one person decided upon starting their meal they did not want it, the carer offered a range of different choices which the chef would cook them as an alternative. Other people were also asked what they wanted to eat, and given alternatives if they didn't want what was on the menu. We observed that Kitchen staff had a record of people's likes and dislikes and information regarding who was on a soft or diabetic diet. The chef said he spoke with people when they arrived in the home to find out what their likes and dislikes were. For people who needed to gain weight, the kitchen staff looked at options to improve their appetite. For example, they had started baking fresh bread daily. There were menus on the table, and the tables themselves were presented in a restaurant style. This showed that kitchen staff had thought about ways to encourage people to eat more by stimulating their interest in food and making mealtimes an enjoyable and special occasion.

People felt they were supported to access good health care. One person said, "Yes they [staff] organise for you to see the GP if needs be". Another person said, "I have the home's GP who's very good and comes regularly. I see the GP on my own". A third person said, "We see the doctor when we need to and staff will come with me on my hospital visits if my daughter cannot take me."

During our inspection we spoke with a health professional who said, "The staff have made a referral to me and sought my advice. Yes they do follow my guidance and I have been present when they have explained things to the person I have come to see." Staff told us the GP visited once a week. We spoke with another person who said, "I moved to the home's GP when I came in here, it works well. I'm seeing the chiropodist on Friday". When a District Nurse visited the home to support a person with their diabetic medication, we saw that care staff explained to the person who it was and what they were going to do.

Good

Is the service caring?

Our findings

People were cared for by staff who treated them with kindness and compassion. One person using the service told us the staff were "Lovely, kind people here who really care about us and treat us all very well". Another person said, "The staff are very caring and help me when I start to worry about things. I thought they had lost [an item of clothing] this morning and I started to get upset. I told a member of staff and they went to investigate and found it .You only have to ask and they will help". A third person said, "They're [staff] really good. The care, the staff and the food - they [staff] look after us".

A member of care staff explained that they always told new staff, "When entering someone's room, always smile be polite and think if someone was caring for your parent how would you want them to be treated and how would you like to be treated if someone was caring for you".
We observed positive and caring interactions between staff and people who lived in the service. For example, a staff member approached a person walking in the hallway who was becoming anxious because, they said, they were lost. The staff member spoke to them quietly and in a calm, dignified manner and asked where they wished to go. The person said they were trying to find the toilet. The staff member took their arm and said, "Let's walk together, I know where it is". The person said no, they wanted a drink first. The staff member then walked with them back to the dining room and made them a cup of tea. The staff spent time talking to the person until they were calmer and then offered again to take them to the toilet.

During lunch we observed someone sitting by themselves. A care worker put their hand on the person's shoulder and asked if they wanted to be by themselves or sit with other people. The person said they were happy sitting alone, to which the carer replied, "if you want me to sit with you, let me know".

One person said, "They [staff] do listen to what you want." Another person told us, "Yes I agreed what help I would need. The staff are respectful here. I'm quite independent but need help to have a bath and they're [staff] really good. I choose what I want to do and what I want to eat".

Someone told us The staff are respectful; they get my agreement before helping me and always make sure I'm covered up in the bathroom." We observed that people's privacy and dignity was being promoted. For example, staff knocked on bedroom doors before entering. Staff ensured that people had privacy when in their own rooms and during intimate personal care tasks. Throughout our inspection of the service, staff were seen to be polite and consistently treated people with dignity and respect.

People were involved in making decisions about their care. One person said, "The brochure the home gave me at the start was good and very detailed. It meant I knew what to expect." Another person said "Yes, staff are polite and ask me to make a choice. Such as what I wear or want to eat or drink." We observed people being asked if they wanted to do something, and when this was declined staff respected it. People were asked if they wanted to wear a clothes protector at lunch time and where they wanted to sit. Staff told us in relation to 'end of life care' that the person and their relative(s) were involved in making choices about their care needs.

Relatives and people living in the home said there was an open culture. Relatives said they were "welcomed" into the home and that they could visit when they wanted to. One person living in the home told us, "On Sundays my partner comes for lunch. They set a table in the small lounge for us to eat together. It's private and makes Sunday a bit special." Another person said, "My daughter is coming now to take me out. There are no restrictions here."

Good

Is the service responsive?

Our findings

We saw people being able to make day to day decisions, which included what they wanted to eat and drink and where they wanted to be throughout the day. Some people we spoke with chose to eat their lunch in their rooms, which was taken to them covered on a tray. One person told us, "Oh yes they [staff] know my routine. They [staff] give me a wash at 7am and then help me dress so I can go for my breakfast at 8am. They [staff] regularly ask my permission when they're helping me. Staff respect your right to choose what you do. They come and ask me about activities and if I don't want to go down, they respect that". Another person said, "They certainly listen to you here. I don't go to the lounge much. I prefer to watch sport and read in my room. They [staff] always come and ask me though". A third person told us, "I prefer and get a female carer when they help with my bath."

When we looked in detail at some people's care plans we noted people's likes and dislikes were recorded. People's life histories were noted, in some cases when people had memory and communication issues, relatives gave a background of someone's childhood, the people they cared about, and gave details of important memories and life events to that person. People's spiritual needs were also noted. From reading all this information it was possible to gain a picture of this person. There was also information about people's current health and social care needs.

People's care plans and risk assessments were reviewed on a monthly basis. We noted that the reviews included speaking with people to hear their views on the service and see whether they had any issues. A health professional visiting the home told us, "Yes, the staff knew about the people I have come to see and quickly found the person's records which seemed up to date". During this inspection, the head Chef was reviewing people's food 'likes and dislikes' to see if they had changed. People told us they were treated as individuals. One person said, "They [management] asked me what I wanted to be called and I told them the nickname I've been called all my life, so that's what they use."

There were two activity co-ordinators, who the manager said always ensured activities were covered. The home's website and the 'activity board' also evidenced a whole range of activities. For example, at Christmas a real reindeer was brought to the home and people were photographed with the reindeer in the garden. Staff also dressed up in Christmas costumes to add to the festive spirit and there had been a Christmas meal and party. From the photographs we saw, people living in the home looked very happy. One person told us about their interest in Elvis Presley and said that an Elvis impersonator visited the home on a regular basis. We were also told that musical entertainment was often held in the communal areas.

Staff said that they encouraged people to maintain their community links by taking them out in the mini-bus to the coast, cafes and to the shops. People we spoke with confirmed this. One person told us, "Bored? No. I like to read, love TV and sport and the staff will often drop me in a DVD film, the staff are great like that. We go out in the better weather. We've been to Wroxham and Gorleston – I enjoy getting out." A weekly plan of activities was seen displayed on the notice boards and included such activities as, music, board and card games, quizzes and word games. On the day of our visit people were seen to enjoy nail care, a quiz and musical entertainment from an outside entertainer. Visitors told us that there were things for people to do

on most days and that the activities provided were varied. Staff explained that they treated each person as an individual and encouraged them to do the things they liked to do rather than what everyone else was doing.

People had been supported to move on to more appropriate services as their needs changed. The manager told us that one person living with dementia had become very restless and agitated and wanted to leave the home regularly throughout the day, but was not safe to do so without supervision. The manager explained how she had called a meeting with the family and social services and included the person living in the home as much as possible. It was felt that moving to a larger home would be in this person's best interests, in order to reduce their anxiety and give the person more space to explore and move about. We were told that this person's new placement had been successfully achieved, following this discussion.

There were meetings for relatives and one relative told us, "Yes, there are meetings. I generally go – we can give our point of view. They do listen to us". We could see from the minutes of 'relative meetings' that these meetings happened but not all relatives we spoke with knew about them. The manager told us that these meetings had been sporadic but, at the last meeting, a discussion was held with relatives about having these meetings more regularly, such as four or six times a year to address this issue.

People we spoke with said they were confident in making complaints and that they would speak with the manager or staff. One person told us, "My toilet was rocky and I complained about it. I got a whole new basin and toilet. I was very pleased with that". Another said "Oh yes, I complained about a heating problem. My room felt cold. The young man came and sorted it out for me very quickly."

Good

Is the service well-led?

Our findings

The service had a registered manager in post and communication between the manager and staff was frequent and effective.

People living in the home, their relatives and staff said that the manager was approachable and had an open door policy. They said that they felt listened to and received good support. One member of staff said, "There have been many changes of management over the years, but this one is good and is very approachable. She sorts things out quickly and is not afraid to tell us how a thing has to be done". Other members of staff we spoke with felt the manager had good ideas for improvements. All said they could speak freely at team meetings and during supervisions. However, a few members of staff we spoke with didn't feel they could share their views on staffing levels with the manager.

During the inspection we noted staff coming freely into the manager's office. We observed one person who lived in the home, seeing the manager was busy talking to a member of staff, asking another member of staff to tell her when the manager is free "she is helping me with [an application]". People we spoke with knew who the manager was and told us if they had an issue they would speak with them. One person said, "The manager is very good here." Relatives and staff meetings were being held more regularly and the manager said, "We are honest if we get it wrong."

Other people we spoke with also said there was a positive culture in the home. One member of staff said, "This is a good home that puts the people who live here first. They receive person centred care from staff who really care and work well together." A social care professional we spoke with said, "The people I have placed here seem to flourish and to settle very well." People said they couldn't improve on the quality of the service and one relative said, "No I can't think of anything that could be improved. I would definitely recommend the home".

The manager carried out audits to check the quality of care being provided was consistently good. This included recently coming to work at 4am to carry out an unannounced 'spot check'. The manager also ensured everyone's needs were reviewed monthly and analysed aspects such as incident reports and people's views of the service and any ideas for improvement. Medication was audited on a weekly basis and was administered in a way to ensure people received their medication when they needed it. People had clear care plans and records detailing their needs and areas of risk to their health and wellbeing.

The manager recently secured funds to enable a new laundry room to be built. On both days of our visit we could see a room was being renovated and another room had new carpet fitted.

The manager had made contact with the Care Quality Commission (CQC) when appropriate to submit notifications about safeguarding incidents and serious injuries. This is a legal requirement and the CQC were satisfied with the action taken.

This confirmed to us that the service was being well run and that people's needs were being met

appropriately.