

Anchor Trust

Warren Farm Lodge

Inspection report

123 Warren Farm Road
Kingstanding
Birmingham
West Midlands
B44 0PU

Tel: 01213823752
Website: www.anchor.org.uk

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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 Farm Lodge is registered to provide accommodation and personal care for up to 30 people, who are mainly older people with dementia. At the time of our inspection 30 people were using the service. Our inspection was unannounced and took place on 08 November 2016. The service was last inspected on the 29 April 2014 where the provider was found to be meeting all of the required standards.

The manager was registered with us as is required by law. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. Medicines were given appropriately and the recording of their administration was clear and concise. They were kept and disposed of as they should be. People's long term health needs were addressed and people saw medical professionals when they needed to. People received adequate food and drink.

There were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. People felt safe and they were able to raise any concerns they had and felt confident they would be acted upon.

Staff were well trained and knowledgeable regarding people's needs. Staff felt well supported by management and felt able to speak with senior staff at any time.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005. Staff interacted with people in a positive manner and their consent was sought before any care was carried out. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People's preferences were acknowledged and staff understood people's likes and dislikes. People were encouraged to participate in activities where they chose to and friendships were maintained.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision, allowing staff to understand their roles, and responsibilities were in place. Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs were effective. Quality assurance audits were undertaken regularly and the provider gave the registered manager support.

Notifications were sent to us as required, so that we could be aware of how any incidents had been responded to.

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.

People felt safe and risk assessments were in place.

There was an adequate number of staff available to support people.

Medicines were managed and given appropriately.

Is the service effective?

Good ●

The service was effective.

Staff were provided with an induction before working for the service, ongoing supervision and support.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

Staff assisted people to access food and drink.

Is the service caring?

Good ●

The service was caring.

People felt that staff were kind and caring towards them.

People were involved in making decisions about their care and how it was to be delivered.

Staff maintained people's dignity and provided respectful care.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's needs.

Staff considered people's preferences when carrying out care.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the service they received and felt the service was well led.

Staff spoke of the openness and visibility of the registered manager and senior staff team.

Quality assurance audits were carried out and information was used to develop the service.

Warren Farm Lodge

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 08 November 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

Before the inspection we requested that the provider sent us a completed Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make and we used this information to assist with our inspection.

We spoke with three people who used the service, three relatives, three staff members, two visiting health professionals, the district manager and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed three staff recruitment and/or disciplinary records, the staff training matrix, three medication records and a variety of quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care, to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us that they felt safe. One person said, "I feel safe, I don't have any falls and they [staff] look after me". A relative told us, "I don't worry that relative isn't safe when I'm not here, it's the next best thing to them living with us". A staff member told us, "We do all we can to help keep people safe and that is why we try to find out everything about them, so we know what to do". A second staff member told us, "People are really looked after well and kept safe". We saw examples of how staff supported people safely, such as moving them from chair to chair and offering appropriate equipment when it was needed.

We found that detailed risk assessments were in place to ensure that staff were provided with the information they required to keep people as safe as possible. These included, risks related to mobility and falls, weight, nutrition, health and hygiene and the prevention of pressure areas. Staff were able to discuss possible risks to people, such as who required assistance to walk or to eat and what measures were put in place to assist those people. We saw that where extra assistance was required, people were referred onto professionals. We saw paperwork for referrals to the falls and fracture prevention team and medical professionals within the local area. Where specialist equipment was required such as wheelchairs or hoists risk assessments were in place for their use and these were reviewed regularly. We saw that risk assessments were reviewed at regular intervals or when changes had occurred.

We found that each person had a personal emergency evacuation plan, detailing the best method of getting them to safety should an emergency arise within the home. Staff were knowledgeable about these plans and could tell us about the best way of making people safe. Staff told us that they knew how to cope in emergencies and that making people comfortable and contacting 999 were their priorities. We saw the falls and accident diary, which recorded incidents appropriately and found that a checklist was available, providing staff with details of who should be contacted in the event of an accident or incident.

Staff told us that they were aware of how to protect people from abuse or harm, with one staff member saying, "We know people really well and can see any change in demeanour or personality that may flag up concerns. We would notice changes in body language or note any bruises, there is a lot that would tell me there was a safeguarding issue. I would let the manager know all the indicators so they could investigate". We saw that there was a process in place where the registered manager referred concerns onto the appropriate external agencies. Staff we spoke with had received training in the subject and were able to discuss with us how they may recognise any safeguarding concerns and told us that they felt confident to report them.

People told us that they felt sufficient numbers of staff were available to them, with comments such as, "There are enough staff they are very loyal people" and, "There are enough staff, they come when I call". A relative shared with us, "There are always enough staff when I visit". A second relative added, "There are plenty of staff and they are all very jolly". A staff member said, "We have the right amount of staff and we all help out. We don't use any agency staff, it needs to be us on shift as people know us.

Staff told us that prior to commencing in their role they had been requested to provide references,

identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We looked at three recruitment files and saw that all the appropriate checks had been completed correctly with a full work history provided by staff members.

People told us that they received their medicines each day as they expected to. One person said, "I get my medicine on time". A relative told us, "Medicines are given safely. The staff stay and watch [relative] take them". A staff member told us, "I wasn't allowed to give medicines independently until I had been monitored and signed off, I think I do a good job, I am comfortable in giving medicines". We saw that medicines were signed for correctly, as they were administered and they were recorded on a Medicine Administration Record (MAR) sheet. Medicine stock levels corresponded with amounts written on MAR sheets. Medicines prescribed to be taken 'as and when' required had a protocol in place to inform staff how to give the medicine. Medicines were kept at the right temperature and disposed of appropriately.

Is the service effective?

Our findings

People told us that they felt that staff were well trained and knowledgeable. One person said, "Staff are well trained and know how to do the job". A relative told us, "I can't fault the staff's knowledge". A second relative said, "The staff have a common sense approach".

We found that staff members had received an appropriate induction. One staff member told us, "In my induction I was able to find out what residents wanted from their care and I was able to get to know them". A second staff member said, "I shadowed staff on different shifts to give me an overview of whole service. I also did the care certificate". The Care Certificate is an identified set of standards that health and social care workers should adhere too. We saw that staff undertook regular training, with one staff member telling us, "My training is all up to date, the mandatory courses are always completed". A second staff member shared, "I was supported to a high standard with my training and induction in particular with giving medicines". Records confirmed that staff had received appropriate training.

Staff told us that they received regular supervision. One staff member said, "I have supervision every two months, but the manager listens any time, she is a nice person and we have shared values". We saw that supervision notes were filed for reference.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The PIR told us that DoLS notifications had been submitted by the provider and we found that an application for one person had been approved for DoLS with one other application submitted. Both were completed appropriately in line with the requirements of the MCA, following a mental capacity assessment. Staff that we spoke with had a good understanding of MCA and DoLS. One staff member told us, "It's all about keeping people safe and only restricting their liberty if it is in their best interests to do so, to keep them safe". A second staff member said, "Even people with dementia can have some capacity and this varies daily so I still ask them for opinions and views".

People told us that staff members gained their consent before carrying out any actions. One person told us, "They [staff] always ask for my consent before helping me they are really good to me". A relative told us, "I have seen them wait for a reply before helping [person's name]". A staff member told us, "I always make sure that I get consent from a person before assisting them". We saw numerous instances where people were asked for their consent. Examples being, lunchtime if assistance was being offered or when people were being moved from different rooms and staff needed to help a person to mobilise. We saw where possible,

that consent forms had been signed and were kept in people's records.

We found that people enjoyed the food provided, people's comments included, "The food is really good quality and I often give the chef my compliments. It is always followed by an extensive sweet cart", "The food is great I have put weight on. We have a choice of what we want to eat" and, "I eat as much as I want, I can ask for more or a smaller portion". A relative told us, "The food is lovely I would love to eat with them". We saw that lunchtime was quite a social event with lots of chatting. People were shown the choices available to them and they enjoyed the food and ate second helpings where they chose to. People who did not eat in the dining area had their meals taken to them at the same time as the other diners. We saw that nutritional assessments had been completed when people may be at risk of not taking enough food and drinks; where specific diets were required we saw these were provided. Where a risk assessment stated that a person needed to be assisted with their food or prompted to eat, or required a fortified meal we saw that this was carried out. Weight charts and fluid intake measurements were taken and monitored where there was concern over a person's level of nutrition or hydration.

We saw that people received adequate drinks. One person told us, "I like plenty of water and they bring it to me. We also have cups of tea and have an early drink as soon as we get up". A second person told us, "We get juices or tea and coffee all through the day". A relative said, "People get enough to drink, [person's name] has had two drinks in the hour I have been here". A staff member told us, "We [staff] remind people to take drinks". We saw that a drinks trolley came round multiple times throughout the day and people and relatives told us that this was usual practice. There was also a water dispensing machine available for people to use should they wish to.

We found that people's on-going health needs were supported and one person told us, "I am supported to get to all of my appointments, whether they are important ones or not so important". A relative told us, "Staff understand the changes in people when they are ill, they would take them to the doctors and notify family members". A staff member told us, "Maintaining people's health is a priority and we always call for health professionals when we think they are needed". We found that all medical appointments were recorded such as dentist, optician, chiropodist and hospital appointments.

Is the service caring?

Our findings

People told us that staff were caring. Comments made were, "I really like it here the staff are kind and caring" and, "The staff are really friendly they sit and chat with us". One person said of the staff, "I call these girls [staff members] my guardian angels". Relatives told us, "Staff know [relative] by name and she knows them", "The staff talk to her not at her" and, "The staff have fallen in love with [relative] they spoil her rotten and she loves it". A staff member told us, "I think the people here are content and happy". A health professional we spoke with shared, "They are such caring staff they will do all they can to keep people here in their own home rather than send them to an unfamiliar hospice at the end of their life and we support them with this". We saw very positive relationships between people and staff and saw that staff took the time to chat with people about how their families were doing and any interests that they had.

People told us that they were able to make their own choices and decisions and one person told us, "I choose what I want to do, I chose my clothes to wear today". A second person said, "I choose when I get up, 7.30am or a bit later". We saw that by 8am only three people were in the lounge and others were in the process of being assisted with their morning routine by staff. A relative told us, "[Person's name] is encouraged to make their own decisions". A staff member said, "People like to think for themselves whether they live in a care home or their own property and I help them to do that".

We found that people were encouraged to be independent wherever possible and one person told us, "I do things for myself as much as possible, but staff help if I need them". A relative told us, "My relative is encouraged to do things like walk to the toilet or bedroom". A staff member told us, "We know people's limits and don't encourage them beyond that".

Staff were unable to tell us if specific people used an advocate, but one staff member said, "If a person needed advocacy support we would ask the manager". The registered manager was able to confirm that they would approach a local advocacy group on behalf of anybody who required the service. Advocacy services are independent and help people to access information, be involved in decisions about their lives and explore their choices and options.

People told us that their privacy and dignity needs were met and one person said, "When staff come to my room they knock on the door". A relative told us, "They give [relative] privacy and respect her dignity at all times and they ask me to leave the room if she needs personal care". A staff member told us, "We remember people's privacy and dignity, for example we don't shout people's medical issues around the home, and we assist people in the privacy of their own rooms". We saw that staff treated people with dignity and maintained their privacy. When a person required some assistance to use the toilet this was done discretely and they were taken without attention brought to the matter.

People told us that relatives were welcome and comments made were, "My wife visits and is made very welcome" and, "I love it here because my family are welcomed". A relative told us, "We can visit at any time, the staff know us well". A staff member told us, "Relatives are welcomed, we like to have a chat with people's friends and family, it is important to know them well". We saw that visitors were encouraged to sit and spend

time with their loved ones and that they knew staff well and engaged in positive interactions with them.

Is the service responsive?

Our findings

People told us that they had been involved in developing their care plan, with one person saying, "I was involved in my care plan". A relative told us, "We were involved in the care plan, it was discussed with us all as a family and we talked about what [person's name] needed". A staff member said, "If we didn't ask people what they wanted we would get it all wrong and that wouldn't help anybody". We saw that care plans included pre-admission information, which allowed staff to have an awareness of the person's previous needs. Care plans were reviewed regularly and we saw that if any changes were required, these were actioned.

We found that care plans included details of people's religious and cultural needs, dietary needs, medicines and health, and personal care and hygiene amongst others. We saw that where there were specific issues, such as concerns around pressure areas, people's skin was monitored on a regular basis and this formed a part of the care plan. We found that where it was needed people were referred to health professionals. We saw that a specific care plan recorded that a person's emotional wellbeing was promoted by the company of others and talking to staff. The person told us that staff stopped for a chat regularly and we saw the person in conversation with lots of people in the home as well as staff.

We saw that people's preferences were acknowledged, one person told us, "I like to read newspapers and the staff get them for me". A second person said, "I like to go to church every Sunday and the staff take me to the church". A relative told us, "Staff acknowledge all [person's name] preferences, they request a specific meal related to their religion each week and they receive this". A staff member told us, "We try to maintain people's preferences, as it makes it feel a bit more like home". We saw that care plans noted preferences, such as their likes and dislikes, an example being, whether people preferred a bath or a shower.

We found that lots of activities were arranged for people to participate in. One person told us, "I make cards and crafts, play bingo and visit relatives". A second person said, "I like to read books, I join in with activities when I want to". A relative told us, "[Relative] is involved in a lot of activities not just sat in front of the television, she likes physical exercise and gets a lot". Staff told us about a craft group that was run by a person living in the home and we saw people enjoying the craft session. We found that social activities were recorded in the care plan and we saw that one specific person's likes were noted as; completing puzzles, singing, dancing, bingo and that they liked family to be notified of events. The person was able to confirm this and told us that they were supported to access these activities.

People told us that they knew how to complain if they needed to. One person said, "If I complained they [staff] would listen, they listen to my grumbles over nothing, so I know they would if it was serious". A relative told us, "If we had any concerns we would go to management, they are very receptive". A staff member told us, "If a person brought a complaint to me I would reassure them and then if I couldn't deal with it I would ask the manager to take it on". We saw that an appropriate complaints procedure was in place.

We saw that people were asked for their feedback in order to ensure that the service provided met their needs. We found that the information provided by people was analysed and presented to them in the form

of a laminated booklet, with key findings displayed in an easy to understand chart format. The booklet gave a dementia champions report, findings from questions asked, photos of people and the activities they had participated in. People told us that feedback given was used to enhance the service, such as the addition of more activities.

Is the service well-led?

Our findings

People spoke of their feelings about the home. One person shared, "I have been here a long time. I am still alive and am feeling good and feel lucky to live here". A second person told us, "There is a lovely warm atmosphere here, I really love it". A relative told us, "This is the best home we have known [person's name] loves it here". A staff member told us, "We are all just like one big happy family".

People told us that they knew the registered manager well, with one person saying, "I have a walk to the office to see the manager for a chat, she is a nice lady". A second person told us, "I like it here it is well led, you are seeing it as it always is". A relative told us, "The manager is definitely visible around the home. I had a minor concern and it was dealt within less than 24 hrs. I am very lucky to have my mom here". A health professional shared with us, "I can't fault the manager or the staff in any direction, they tick all the boxes and go the extra mile for people. The manager works well with all professionals, including our practice, to look to see how the home can work with the community". Staff members comments included, "She is not just a manager, but a good support to all and easy to get on with" and, "She is very focussed on what is right for people, we all make a very good team". We saw the registered manager speaking with people, relatives and staff within the home and saw very positive relationships between all.

We found that the registered manager had forged links within the local community. This included liaising with visiting health professionals coming into the home and local schools and churches who visited to sing to people. The registered manager told us of how people enjoyed visiting the bistro over the road and how the staff there knew people very well. People told us that they also liked to walk to the local shops or post office. We found that a visiting library service, entertainers and a religious minister were also invited into the home. People we spoke with were able to corroborate this information.

People and staff members told us how it had been arranged for retailers to visit at certain times of year, to enable people who couldn't access the community to buy items such as clothing and gift sets for relatives and friends on special occasions, such as Christmas. We also saw a dog visit the home with relatives and people were delighted to see it. The registered manager told us that pets were made very welcome on visits.

We were told that meetings occurred regularly and we saw minutes from team meetings, residents and relatives meetings and night staff meetings. We saw that as a result of people's opinions being listened to in meetings changes had been made in response to people's ideas. We saw a sign in the lounge stating, 'You said we did', this then listed the changes made, which were brighter cushions in the lounge, the start of an activities craft group and pre-arranged seating in dining room. We saw that these things had been put in place and people were also able to confirm this. Staff told us that they were able to raise any issues at team meetings and felt that they were listened to.

To whistle blow is to reveal wrong-doing within an organisation to persons in a position of authority. Staff told us that the home had a whistle blowing policy, which they could follow if they had any concerns regarding the care given to people. One staff member told us, "I would whistle blow to keep people safe". We saw information and guidance on the noticeboard that included a relatives and residents assistance

helpline number and a 'Report abuse when see it' poster.

The PIR told us that quality assurance was carried out regularly and we viewed quality assurance records that included amongst others, incidents, risk assessments, care plans and medicine records. The audits undertaken consisted of a 10% random audit of files each month, this allowed the registered manager to see where any changes were required to ensure that people received the best quality of care that they could. The registered manager told us that the provider visited regularly and was very hands-on in offering on-going support where it was needed. We spoke with the district manager who told us that they also carried out two care plan audits each month in addition to those done by the registered manager.

We received notifications of incidents and accidents as we should and this allowed us to see how effectively staff responded to people's needs.