The Warren Residential Lodge Limited

The Warren Residential Lodge

Inspection report

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Date of inspection visit:
28 June 2017

Date of publication:
28 July 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an unannounced inspection of this home on 28 June 2017. The home is registered to provide accommodation and personal care for up to 31 older people, some of whom live with dementia. Accommodation is arranged on one level and at the time of our inspection 25 people lived at the home.

A registered manager was 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.

Incidents and accidents which occurred in the home were recorded; however, there was no information on investigations completed following these incidents, any learning which came from these incidents or any patterns identified in these incidents. There was no information to show how this was shared with staff to prevent further recurrence in the home.

Whilst audits were completed in the service these were not always used effectively to inform improvements in the home.

People had access to activities although some people felt activities were limited and needed improving. People were supported to maintain their independence through activities outside the home such as attending day centres and independent trips to the local shops and church.

Risks associated with people's care had been identified, and staff had a good understanding of these risks.

People received their medicines from staff that were appropriately trained and medicines were effectively managed and audited.

People said they felt safe at the home. They were able to talk openly and honestly with staff and were sure any concerns or issues they had would be dealt with effectively. Staff knew people well and felt confident people would speak with them to raise any concerns. The registered provider and staff had a good awareness of how to safeguard people from abuse.

There were sufficient staff to meet the needs of people. There was a very low turnover of staff and the stable staff group worked well together. With appropriate training and supervision processes in place, people were cared for by people who had the right skills and support to meet their needs. Staff recruitment processes were robust and the registered manager sought guidance on the checks needed for staff who had worked in the service for over five years.

Staff at the home had been guided by the principles of the Mental Capacity Act 2005 (MCA) when working with people who lacked capacity to make some decisions. Staff followed legislation designed to protect

people's rights and freedom.

The atmosphere in the home was warm, calm and very friendly. Staff knew people well and demonstrated a high regard for each person as an individual.

People received nutritious and well-presented meals in line with their needs and preferences.

People had access to external health and social care professionals for support and treatment as was required. Staff had good working relationships with other professionals including the local care home team, community nurses, social workers and GPs. Health and social care professionals said staff knew people well and provided safe and effective care for them.

People had their needs assessed on admission to the home. The information gathered informed care plans which were discussed and agreed with people and their families. A new system of care planning was being introduced to improve this documentation and support more frequent reviews of people's care.

The registered manager promoted an open and honest culture within the home where people were encouraged to voice their opinions and have these addressed.

We found one breach of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Safeguarding policies and procedures were in place and staff had a good understanding of how to keep people safe.

Risk assessments in place supported staff to identify and mitigate the risks associated with people's care.

Staff had been assessed during recruitment as to their suitability to work with people and there were sufficient staff available to meet people's needs.

Medicines were administered, stored and managed in a safe and effective manner.

Is the service effective?

Good

The service was effective.

Where people could not consent to their care, staff followed legislation designed to protect people's rights and freedom.

People were supported by sufficient staff who had the necessary skills and training to meet their needs. Staff knew people well and could demonstrate how to meet people's individual needs.

People received nutritious food in line with their needs and preferences.

People had access to health and social care professionals as they were needed.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were maintained and staff were caring and considerate as they supported people.

People were valued and respected as individuals and were happy and content in the home. They were involved in the

planning of their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some care records needed updating and the registered manager was addressing this.

Some people did not feel there were sufficient suitable activities available in the home.

Staff knew people very well and understood how to provide appropriate care for them.

People felt able to raise any concerns they may have about the home and they felt sure these would be dealt with promptly and effectively.

Is the service well-led?

Requires Improvement

The service was not always well led.

The programme of audit in the home to ensure the safety and welfare of people was not robust and required further work to ensure the safety and welfare of people.

The registered manager promoted open and transparent communication in the home.

People were asked for their opinion of the service and feedback from relatives, staff and other professionals was good.

The Warren Residential 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 was the first inspection of The Warren Residential Lodge under a new registered provider. One inspector and an expert by experience completed this unannounced inspection on 28 June 2017. 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 our inspection we reviewed the information we held about the home, including notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 13 people and two visitors to gain their views of the home. We observed care and support being delivered by staff in communal areas of the home. We spoke with nine members of staff including; the registered manager and their deputy, a head of care and the medicines manager, two members of care staff and three members of kitchen staff.

We looked at the care plans and associated records for five people. We reviewed the medicine administration records for 15 people and we looked at a range of records relating to the management of the service including; records of complaints, accidents and incidents, quality assurance documents, four staff recruitment files and policies and procedures.

Following our visit we spoke with four health and social care professionals who regularly visit the service and support people there.

Good

Is the service safe?

Our findings

People felt safe in the home as staff knew them well and understood their needs. One person told us, "Oh yes. There's a code on the door, no one can get in if they don't have it. And the girls [staff] are here, you can buzz them in. They walk the corridors every hour at night. If people have their doors shut they look in." Another told us they felt safe as the staff were there and they made them feel safe. Healthcare and social care professionals felt staff knew people well and understood how to ensure their safety.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. All staff had received training on safeguarding and had a good understanding of these policies, types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. Social care professionals told us how the registered manager had worked with the local authority to address safeguarding concerns which had been raised in the service. Staff were confident any concerns they raised would be dealt with swiftly by the registered manager and they were aware of the registered provider's whistleblowing policy.

The risks associated with people's care had been assessed. Risk assessments were in place for the maintenance of people's skin integrity, dietary needs, mobility and specific health conditions such as diabetes and epilepsy. For people who were at risk of falls, risk assessments had been completed and provided staff with information on how to reduce the risk of falls for people. For example, for one person who was at high risk of falls, an assessment of the risks associated with their falls had led staff to implement the use of a pressure mat which alerted staff to the person's movements. The person had consented to the use of this equipment and we saw it was effective in ensuring staff were alerted to support the person to mobilise safely.

The risks associated with moving people in the event of an emergency in the home had been assessed. Personal evacuation plans were in place, although these would not be easily available in the event of an emergency evacuation of the home. The registered manager told us these plans would be moved to ensure they could be accessed easily in the event of an emergency. A robust business continuity plan and home emergency evacuation plan were in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure.

Closed circuit television cameras had been installed in the home to provide visual monitoring of the communal areas of the home. These had been installed to ensure the safety and welfare of people, staff and visitors to the home. Policies and procedures were in place to ensure this equipment was used to ensure people's safety and wellbeing without intruding on their privacy and dignity.

Medicines were always administered by staff who had received appropriate training and had been assessed as having the competencies to do this. Medicines were stored and administered safely in a new purpose built room for medicines storage. There were no gaps in the recordings of medicines given on the medicines administration records (MAR). People received their medicines in a safe and effective way.

For medicines which were prescribed as required (PRN), we saw staff recorded when these medicines were given and followed protocols in place for the safe administration of these medicines. Homely remedies were available in the home. These are medicines which can be bought over the counter in a pharmacy and were available to support people with a variety of common ailments such as pain, constipation and sore throats. The medicines manager had a system of audit in place to monitor the safe administration, storage and disposal of all medicines.

The registered provider employed the use of an external human resources provider to support recruitment practices and any other staffing issues in the home. Recruitment processes for new staff were safe and efficient. Records included proof of identity, an application form and employment history for people. Two references were sought before staff commenced work at the home. Disclosure and Barring Service (DBS) checks were in place for all staff. These checks help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Recruitment records for staff who had been employed in the service by the previous provider, prior to 2016, were complete although some lacked order and some DBS checks had not been reviewed for over 5 years. We discussed this with the registered manager who sought guidance on this matter from the DBS Authority.

There were sufficient staff deployed to meet the needs of people during our inspection. The registered provider had a dependency tool in place to assess the needs of people and identify the appropriate number of staff hours required to meet these needs. Staff rotas showed these hours were covered and indeed were frequently higher than needed for the current number of people who lived at the home.

Staffing numbers were consistent and there was a low turnover of staff in the home. When agency staff were required to support staff absence, regular agency staff were employed to do this. People told us there were sufficient staff to meet their needs and staff responded to their needs in a prompt and unhurried manner. We saw staff responded promptly to call bells, alarms and people's request for help. Health and social care professionals said there were enough staff available to support people when they visited.

The home was clean and fresh and was undergoing an extensive redecoration programme at the time of our inspection. Staff had access to personal protective equipment such as gloves and aprons to use when supporting people and hand hygiene was visibly encouraged in all areas of the home with signs prompting this and cleansing gel readily available for people and staff. There was an efficient system in place for the disposal of waste and management of laundry and linens. The deputy manager was the nominated person to monitor infection control in the home and this was audited regularly.

Good

Is the service effective?

Our findings

People lived in a friendly and homely environment where staff knew them very well and understood their needs. People were able to move around the home independently as they wished and staff supported them to remain independent and make choices in line with their needs and preferences.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Act. The registered manager and staff had a good understanding of the processes required to ensure decisions were made in the best interests of people. Records gave clear information on who was involved with people to support them in making decisions. Health and social care professionals said staff had a good understanding of the MCA and how to apply this.

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 application procedure for this in care homes is called the Deprivation of Liberty Safeguards. For two people who lived at the home an application had been made to the local authority with regard to them leaving the home unescorted. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

A program of induction, supervision and training was in place for all staff. The registered provider had identified a list of mandatory training which all staff were required to complete which included; first aid, moving people safely, fire safety, safeguarding and infection control. Staff told us they had completed mandatory training and there were regular updates which they had to attend. We saw regular training was planned for staff. However, a staff training matrix which the registered manager used to identify training staff required and had completed was incomplete and did not reflect other training and qualifications staff had achieved. Following our inspection, the registered manager told us they would look at a more effective way of monitoring and recording training for staff to ensure they had an accurate picture of all the training required and completed by staff.

All staff had been encouraged to develop their skills through the use of external qualifications such as National Vocational Qualifications (NVQ) and Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Some staff who had not completed recognised NVQ courses were being supported to complete the Care Certificate. This certificate is an identified set of standards that care staff adhere to in their daily working life and gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care

and support.

People told us the food was very good and they enjoyed a variety of foods in line with their preferences. One person said, "It's excellent [the food]. Great and plenty of it. There's more than you need and it's always presented well." Another told us, "The meals are nice. They [staff] are always able to get what you want. They come around every morning with the menu and ask each person individually."

Care plans identified people's specific dietary needs and the cook had records of these. A four week rolling menu of meals was provided and the cook was able to prepare other options for people if they did not want the daily selections. All food was freshly prepared and staff had a good understanding of people's preferences and specific dietary needs. Staff described how they supported people with their nutrition and hydration needs, especially in the hot weather which had occurred in the two weeks prior to our inspection. They described how they had ensured people had access to regular cold drinks, ice cream and lighter meals to keep people hydrated and well nourished. The kitchen area was a clean and well maintained environment which had been awarded a five star hygiene award by the local authority when inspected in February 2017.

Records showed health and social care professionals visited the service as and when required. The registered manager was working closely with local health care professionals to implement a system of accurate reporting of people's health concerns to their GP and to reduce the need for emergency calls to the ambulance service. Work was also being completed to improve the recording of falls in the service.

Care records held feedback from GP's, speech and language therapists, social workers, occupational therapists and specialist nurses. We saw actions had been taken to incorporate instructions from health and social care professionals into people's care plans. For example, for one person who had been identified on admission to the home as requiring a soft diet, the registered manager had requested the input from a speech and language therapist to reassess this need. This had resulted in a change of dietary needs for this person and this was well documented.

Good

Is the service caring?

Our findings

People were cared for in a kind and compassionate way. Staff understood people's needs and respected them as individuals. People enjoyed each other's company in a homely environment where they felt happy and comfortable. Many people had lived at the home for a number of years under the previous registered provider and this was reflected in the way they spoke of their "home" and the "family atmosphere" of the home. One person told us, "They [staff] are very good to me. My family say I am dead lucky to live here, which I am." Another said, "It's a great place. You get individual care. They do look after you. I like things nice and they are kind. The carers are kind, they are ever so kind." A third person said, "I decide what I want to do each day. The staff are really good and respect my wishes." A member of staff told us, "We have to remember this is their home and they really can do whatever they want. We are here to help them stay as independent as possible." Health and social care professionals said staff knew people very well and were kind and caring in their interactions with people.

The atmosphere in the home was warm, calm and very friendly. Staff knew people well and demonstrated a high regard for each person as an individual. They addressed people by their preferred name and took time to stop and talk to people through the day and understand how they were feeling. For example, a member of staff who was administering medicines for a person took time to stop and talk to a person who was feeling particularly sad and wanted to talk to someone. The member of staff spoke kindly and with compassion to the person and they responded well to their support.

Throughout the day most people remained independent and interacted with each other in communal areas of the home. Staff interacted with people and each other in a calm, professional and good humoured way, particularly at lunchtime when most people sat in the communal dining room to eat. The mealtime was calm and people enjoyed each other's company. Staff supported people in a patient and discreet manner when they required this.

Staff had a good understanding of people's needs and were supportive of these as they moved around the home. They encouraged people to remain independent whilst ensuring their safety and maintaining their dignity and independence. For example, as two people mobilised independently to the communal lounge a member of staff ensured the corridor was clear for them to mobilise in and opened up the lounge doors to improve their access. They ensured the people were settled and comfortable in the lounge area before leaving them to enjoy watching a television quiz. For another person who required support with their walking aids, a member of staff patiently walked beside them allowing the person to do as much as possible themselves whilst monitoring their safety. Some people chose to remain in their rooms throughout the day and staff stopped and spoke with people as they moved around the home. One person told us, "I like to stay in my room, but the staff are all lovely and come and chat to me all the time."

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Rooms had been personalised with people's own belongings to create a more homely environment for them. Doors remained closed when people were being supported with personal care or other activities and staff knocked and waited for a response before entering people's

rooms.

People had been actively involved in the planning of their care although care records did not always reflect this. This was being addressed by the registered manager through the implementation of new care records and review systems. People were able to express their views and be actively involved in making decisions about their care on a daily basis. Resident meetings had been held to provide people with the opportunity to suggest new ideas for the home such as new activities and meal plans.

Requires Improvement

Is the service responsive?

Our findings

People were encouraged to express their views and be involved in making decisions about their care. People felt staff understood how to support them to be as active and independent as possible whilst maintaining their safety and wellbeing. Health and social care professionals said staff knew people well, understood their needs and requested professional support appropriately to ensure people's safety and welfare.

Care plans were personalised and gave clear information about how people wanted to be cared for, the support staff should offer them and their daily routines. However these had not always been reviewed and updated every month as required by the registered provider's policy. The registered manager told us they had identified care records had not always been reviewed in a timely way to ensure they were up to date and accurate. They recognised that whilst staff knew people very well, they had not always ensured their care plans and records were updated to reflect their current needs.

The registered manager showed us a new format of care records which was to be introduced into the home in the next month. These provided a more robust format of care records which would incorporate the risks associated with people's care into care plans and ensure timely updates of these records. Following our inspection the registered manager confirmed these records were being introduced.

Most people who lived at The Warren Residential Lodge were able to participate in activities around the home independently. Newspapers were available for people and many chose to sit in the communal area of the home interacting with others and watching television. People told us there was a range of planned activities such as exercises, bingo, and quizzes, but that they would like to see more things to do. One person said, "I do everything there is. There is not enough, I wish I had more. I'd like to do dancing." Another said, "There is no entertainment. It's missing here, there's a lack of entertainment. Quite a few [people] would like something put on, they are always saying. Group singing would be nice, or dancing would be lovely." However, two other people told us the activities arranged in the home were sufficient and helped to keep them fit and healthy. One visitor told us the activities in the home were 'limited' but that people did not always want to take part in things which were going on. A relative told us how their loved one enjoyed exercises and keep fit sessions.

During our inspection a beautician was visiting the home to provide pamper sessions for people who wanted to have a manicure or other treatments. The noticeboard in the entrance to the home identified the activity for the day of our inspection was crafts, however this did not take place due to the pamper sessions.

People were enabled to leave the home independently and attend day centres, go shopping and attend church if they wished. One person told us how they had requested to visit their church every week but were now unable to do so due to ill health. They told us how staff had organised for people from their church to visit them so that they could continue to meet their spiritual needs.

People were assessed by a senior member of staff prior to their admission to the home and these assessments then helped to inform care plans. Health and social care professionals were involved in

assessments of people prior to their admission if required, to help identify their physical and mental health needs. People's preferences, their personal history and any specific mental or physical health needs or care needs they may have were documented. This allowed all staff to have a clear understanding of the person's needs on admission to the home and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes and the personal abilities of people to manage their own care. They also noted people who were important to them and could assist them in making decisions.

The provider's complaints policy was displayed in the home. The home had not received any written complaints in the past year. The registered manager held a 'Discussions and Concerns Log' which held information about any concerns raised with them or staff and how these had been discussed, actions taken and the issue resolved and shared with staff. This showed they worked closely with people to enable concerns to be addressed promptly and effectively.

Staff were encouraged to interact with people and their relatives, whilst maintaining their privacy, to ensure their needs were being met. Staff welcomed visitors in a warm and friendly way and encouraged them to express any views about the service their relatives received. People felt able to express their views or concerns and knew that these would be dealt with effectively.

Health and social care professionals told us they were always warmly welcomed in the service and staff knew people very well. They said staff always requested support from other services appropriately to ensure they could meet people's needs.

Requires Improvement

Is the service well-led?

Our findings

People knew who the registered manager and deputy manager were. They felt able to approach them and any staff member to express any concerns or ideas and felt they would be listened to. One person told us if they had any concerns, "I'd go to the couple who run the place." Another person said they would speak to whoever was on duty if they had any concerns or ideas as, "They do listen to you." Health and social care professionals felt the home was well led and said staff were always welcoming, had a very good understanding of people's needs and provided clear information for them when they visited. They told us the registered manager and their deputy manager were very approachable and keen to further develop the service to ensure people were safe.

Whilst the registered provider had a system of audits in the home to ensure the safety and welfare of people, there was no system in place to audit and review incidents and accidents which occurred in the home. Incidents and accidents, including falls in the home, were recorded in a book, and investigated if required individually.

Seven people told us they had fallen in the home and they mostly felt staff supported them well following these events. We looked at the incidents and accidents forms which had been recorded since 28 April 2017. We noted there had been 14 unwitnessed falls during this period and two witnessed falls. Whilst information was recorded about the number of falls in the home, this was not reviewed to monitor for patterns in these events such as where they occurred and how any learning may be identified from these falls to reduce this risk across the home.

Audits of health and safety, infection control, first aid provision, equipment and fire safety had been completed; however, actions from these had not always been identified as completed. For example, a monthly equipment audit highlighted the need for a shower cubicle to be repaired on 28 April 2016. In a regular monthly audit to 19 June 2017 the shower cubicle continued to be identified as in need of repair. There was no information to identify whether the actions required from this audit were being completed.

There was a lack of effective audit processes in the home to ensure the safety and welfare of people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulations) Regulated Activities 2014.

During our inspection we spoke with the registered manager and their deputy about the organisation of care records and also staff records. Whilst the required information was held in these records, they often lacked clear organisation. The registered manager told us the implementation of new care record systems would improve this organisation. The appointment of a human resources company for all staffing issues meant old records could also now be organised and filed away. We were assured actions were being taken to address this issue.

The home had a clear leadership structure in place which allowed staff to feel valued, involved in the running of the home and an integral part of an efficient team. The low turnover of staff in the home meant

staff knew each other very well and worked efficiently as a team to meet the needs of people whom they knew very well. One member of staff said, "We have worked hard over the past couple of years and have got a good team here now."

The registered manager promoted open and transparent communication in the home. They were supported by the deputy manager in the day to day running of the home; a head of care worked on each day shift to provide hands on support and leadership for care staff. A medicines manager was appointed to take responsibility for the management of all medicines issues. Through regular supervisions, appraisals and staff meetings staff felt supported to develop in their role and learn new skills to improve their knowledge and understanding of how to meet people's needs.

There were opportunities for people, their relatives and health care professionals to provide feedback to the registered manager about the service they provided. A survey was sent out to relatives in April 2017 and the registered manager was collating results from this at the time of our inspection. The feedback was generally very positive with one relative stating, "Lovely atmosphere, most of the staff are so friendly and kind and helpful to [the person] and to us as [their] family."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not taken appropriate steps to assess, monitor and improve the quality and safety of services of the service provided. Regulation 17 (2)(a)