

ADL Plc

Warley House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

This inspection took place over two days on 17 and 24 November 2014 and was unannounced. The service was last inspected on 21 November 2013 and was found to be compliant with the regulations inspected.

Warley House is a registered care home providing personal care and accommodation for up to 39 older people, some of whom may be living with dementia. The home is close to a bus route and is situated on a housing estate, some distance from the town centre of

Scunthorpe and its amenities. There is an enclosed garden at the rear of the property. The home consists of a two-storey building; the first floor was accessible by a passenger lift and stairs.

There was a registered manager in post at the service. 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.

Summary of findings

Whilst people's needs were assessed to ensure the service was able to support them, improvements were needed to ensure people's human rights were upheld and their consent was obtained for decisions about their care and support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

Whilst staff demonstrated a good understanding of the promotion of people's personal dignity and privacy, there were limited opportunities available at the time of our inspection visits, for people to engage in meaningful activities and enable their wellbeing to be promoted. **We have made a recommendation the provider considers official guidance about this.**

People who used the service told us they trusted the staff and felt safe in the home. Training about the protection of vulnerable adults had been provided to staff to ensure they were aware of their responsibilities for reporting potential abuse and whistleblowing concerns about the service.

Recruitment checks had been carried out on new staff to ensure they were safe to work in the home and did not pose an identified risk to people's wellbeing.

People's medicines were securely stored and systems were in place to ensure these were administered safely.

A variety of training was provided to staff to ensure they were able to safely carry out their roles and their performance and skills were regularly appraised to enable them to meet people's needs and develop their careers.

People were able to make choices from a variety of nutritious and wholesome meals and assessments about known risks to people's nutritional status were monitored with involvement from specialist health care professionals when required.

People were able to raise potential concerns about the service and a complaints procedure was available to enable people's concerns to be followed up and be resolved wherever possible.

Regular checks were carried out to assess the quality of the service and ensure people's health and welfare was safety managed. Systems were in place to monitor the environment and to put right potential hazards that were identified.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were checked to ensure they were safe to work with people who used the service.

Training had been provided to staff on the protection of vulnerable adults to ensure understood and knew how to identify and report any potential abuse.

People's medication was stored securely and administered safely by appropriately trained staff.

Good



Is the service effective?

Some aspects of the service were not effective.

Improvements were needed in how people were assessed to ensure they had capacity to make informed decisions and their consent was obtained for their care and support.

Staff had received a variety of training to help them support people who used the service that was updated on a regular basis.

People who used the service were provided with a diet that was wholesome and nutritious and their dietary needs were monitored.

Requires improvement



Is the service caring?

The service was caring.

Staff demonstrated sensitivity and respect for people who used the service to ensure their individual wishes and feelings and personal dignity was promoted.

Staff demonstrated compassion and consideration for people and respected their rights to make choices about their lives.

People's privacy and dignity was respected.

Good



Is the service responsive?

Some aspects of the service were not responsive.

There were limited opportunities available for people to engage in meaningful social activities which meant their general wellbeing could be better promoted.

People told us they were able to comment on the care that was delivered and did not have any complaints about the home.

People's care plans contained information about their needs and preferences and staff respected these.

Requires improvement



Summary of findings

Is the service well-led?

The service was well led.

There were systems in place to monitor the quality of the service and to enable the service to be improved.

Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.

Good



Warley House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider was 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 17 and 24 November 2014 and was unannounced. The inspection team consisted of an adult social care inspector and an expert-by-experience that had experience of supporting older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection visit the provider completed a Provider Information Return (PIR). The PIR is a document completed by the registered provider about the performance of the service. The local authority safeguarding and quality teams and the local NHS were

also contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. We also looked at the information we hold about the provider.

At the time of our inspection visit there were twenty seven people living at the service. During our inspection visits we observed how staff interacted with people who used the service and their relatives.

Many of the people who used the service had complex needs associated with dementia or memory related impairments which meant it was not always possible for them to verbally communicate their views. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke directly with four people who used the service, two of their relatives, four of the care staff, two senior staff and the registered manager.

We looked at four care files belonging to people who used the service, five staff records and a selection of documentation relating to the management and running of the service.

Is the service safe?

Our findings

People who used the service told us they trusted the staff and felt safe in the home. One Person told us, “There’s always someone there”, “Them girls (staff) is my family...they look after me.”

We found that safeguarding training had been provided to staff to ensure they were aware of their professional roles and responsibilities to report safeguarding and whistleblowing concerns that was updated on an annual basis. Care staff were able to describe to us different forms of potential abuse and were confident the registered manager would take appropriate action in these respects, if this was required. We saw that safeguarding policies were available for care staff to follow when reporting potential safeguarding concerns, which were aligned with the local authority’s adult protection guidance and procedures. There was evidence the registered manager had appropriately notified both the local authority and the Care Quality Commission about safeguarding concerns to enable independent investigations of these to be carried out.

The local authority safeguarding team told us there was one safeguarding concern being currently investigated at the time of our inspection visits and that the registered manager had co-operated with them closely to resolve issues in these respects. A member of social services staff told us the service had “Worked above and beyond and done a fabulous job.”

We found appropriate recruitment procedures had been followed for new staff before they commenced work in the home to ensure they did not pose a risk to people who used the service. We saw this included checks with the Disclosure and Barring Service (DBS) to ensure new staff were safe to work with vulnerable adults. Staff files we looked at contained evidence of completed application forms highlighting previous experience and gaps in employment, together with evidence of staff’s identity being obtained and two references being followed up.

Assessments about known risks to people were included in their care records to ensure information was available for care staff on how to support people safely, whilst enabling them to make sensible decisions about their lives where this was possible. The registered manager told us the registered provider had recently developed more in-depth

assessments concerning potential risks to people who used the service and were in the process of implementing these to enable greater information to be provided for staff about how to manage this element of practice.

We found staffing levels were assessed according to people’s individual dependencies and there was evidence these were reviewed on an on-going basis to ensure there were sufficient numbers available to meet people’s needs. Whilst we saw staffing levels had recently been increased with the addition of extra member of staff at busier times of the day, such as mornings and meal time periods, a visiting relative said they didn’t think there were always enough staff available when people needed to be toileted, as many required assistance for this. We spoke to the registered manager about this who advised they would look at this issue again to ensure staff were appropriately deployed.

We saw evidence of records that were maintained for a range of checks that were regularly carried out of the building and equipment to ensure it was kept safe for people to use. A contingency plan for the service was in place for use in emergency situations, such outbreaks of fire or floods and we saw that regular fire drills took place with fire training provided to staff. We found the fire department had recently served an enforcement notice for additional work on the building to be carried out, to ensure people who used the service were kept safe from harm. The fire officer subsequently told us they had made follow up visit and that whilst not all of the deficiencies identified during their initial audit had been completely rectified; they were satisfied appropriate provisions had been implemented, to warrant removing their notice in these matters.

We found staff from the registered provider’s internal compliance team had completed an audit of the medication systems. This was to highlight actions required and supplement audits of medication carried out by the registered manager, following a local authority audit that highlighted improvements in relation to staff medication skills. We saw evidence staff competency checks had been recently introduced by the registered provider, to ensure people who used the service obtained their medication safely and that shortfalls noted with these were addressed.

People we spoke with confirmed they received their medication at regular times and when it was required. We observed a medication round by a member of staff was carried out in a planned and methodical manner and

Is the service safe?

observed they provided people with explanations about what their medication was for and checked people's medicines with their records before these were given. We saw the member of staff provided gentle encouragement to people with taking their medication and engaged with them in a patient and sensitive way. The member of staff

responsible for administering medication told us they completed training on this aspect of their role, which was renewed on a regular basis. We made a random check of the medication in the home and saw evidence these were securely held and that accurate records were maintained for them which corresponded with stocks held in the home.

Is the service effective?

Our findings

We found staff were not always familiar with the principles of how the Mental Capacity Act 2005 (MCA) was used in practice, although we were told that training on this and the Deprivation of Liberty Safeguards (DoLS) had been provided to ensure people's consent to care and treatment was obtained and in line with legislation and guidance. We saw for example evidence in one person's care file of a letter from a GP authorising the use of covert medication, without a formal meeting about this being held about this to ensure this was the least restrictive option available for them. We were also told and saw evidence that practices in the home included use of withholding people's cigarettes, without decisions about this being formally agreed, to ensure this was in their best interests and their human rights were upheld.

The registered manager told us they believed most of the people who used the service lacked the capacity to consent to making informed decisions. The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We found the registered manager had submitted six applications for people requiring a Deprivation of Liberty Safeguards (DoLS) to be authorised by the local authority regarding their continuous care and supervision in the home, but found that further work on this was still required. For example; a social worker who was visiting to review a decision to extend a placement for a person with limited mental capacity told us they were unable to find a completed assessment concerning the MCA or DoLS for the person they reviewed. This meant the person may have been subject to an unlawful deprivation or restriction of their liberty and that their human rights were not properly upheld.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

Care files belonging to people who used the service contained assessments about them to ensure their wellbeing was safely promoted and their wishes and

feelings were upheld. We saw evidence of on-going monitoring of people's needs, together with liaison and involvement with a range of allied community health professionals, such as district nurses, GP's, and social work staff to ensure people's individual health and welfare needs were met. We saw that people who used the service were supported with making anticipatory decisions about the end of their lives and that some had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) which were clearly documented in their care files, together with memorandums about this for staff from the registered provider.

People who used the service told us that overall they were happy with the service they received. One person told us they were, "As happy as a sand boy."

We saw evidence that care staff undertook a range of courses considered mandatory by the registered provider that were linked to a nationally recognised training organisation for workforce development in adult social care. This ensured staff worked to recognised standards and were equipped with skills needed to safely carry out their roles and responsibilities. We saw a training plan was in place that included courses on moving and handling, infection control, first aid, nutrition, safeguarding vulnerable adults from harm, the Mental Capacity Act 2005 (MCA) and issues relating to the specialist needs of people who used the service, such as dementia and end of life care. Staff files contained evidence of an induction to the service to ensure staff were clear about their roles and responsibilities, together with individual meetings with members of senior staff, to enable staff performance to be monitored and their skills to be appraised to help them develop their careers. We saw evidence care staff took their responsibilities seriously concerning the promotion of people's human rights and there were systems in place to ensure people's freedoms were protected and their personal dignity was upheld.

Care staff we spoke with were positive about the training they received. One told us, "It's good to have different training, as it helps for residents with different needs" whilst another said about training, "It keeps you up to date and refreshes your memory, because things do change."

We found people's nutritional needs were supported in a way that was flexible and based on their individual needs. We saw that people were consulted about their dietary preferences and able to make choices from a well-balanced

Is the service effective?

and wholesome menu and we observed the day's choice of meals was on display. We saw people were able to eat their meals in an unhurried and relaxed way and observed staff providing support and assistance to people in a sensitive way to ensure their personal dignity was positively promoted. We observed people were able to have their breakfast at a time of their choice and that lunch was served in a dining room that was bright and airy. There was evidence in people's care files of completed assessments about known risks associated with their nutritional and hydration status, together with what actions the staff should take to ensure these were safely managed with input from community dietitians when required. We found that kitchen staff were familiar with people's individual dietary preferences and observed that everyone was given a choice of food that was in accordance with their personal likes and needs.

We saw use of signage and tactile objects was in use to help people living with dementia orientate themselves around the building. However, we observed the environment in some downstairs areas looked in need of refurbishment. Some bathrooms and toilets were badly maintained, for example, the floor covering was rising up from the ground and people could not lock the doors, which meant their dignity was at risk of not being promoted. We spoke to the registered manager about this; they showed us evidence the registered provider had requested a meeting with the member of staff responsible for maintenance, to ensure these matters were rectified and addressed as a priority.

Is the service caring?

Our findings

All of the people who used the service told us that staff were very caring and considerate. One person told us, “They’ve put me back on my feet here...given me something to live for.” Whilst another person pointed to a member of staff and said, “She is a lovely woman, excellent.”

We observed staff interacted sensitively with people who used the service and engaged positively with them and in a friendly and supportive way. We saw staff demonstrated warmth and consideration for people’s individual and differing needs. We saw staff holding hands with people providing gentle encouragement and reassurance when this was required, whilst speaking to others in a more open and jovial way at other times.

We observed the wellbeing of people who used the service was promoted with staff demonstrating a positive regard to what mattered to people and ensuring their individual

wishes and feelings and personal dignity was respected. We saw staff listening and talking with people in a compassionate way to ensure they were consulted about their support and enable them to be involved in decisions about their care. We were told how a member of staff from abroad regularly spent time with a person who came from the same country as them in order to read correspondence to them from their relatives and enable them to remain in contact with their family.

Information about people’s personal likes and preferences was included within their care records, together with details about their backgrounds and past histories, to help staff understand their needs and ensure their support was provided in a way that met their wishes and needs. We evidence that information in people care files was reviewed to ensure details about people’s needs was kept up to date. We saw personal information about people’s individual needs was securely maintained in the office to ensure their confidentiality was respected.

Is the service responsive?

Our findings

We saw that staff adopted a friendly approach when interacting with people who used the service. A visiting relative told us they had been involved in discussions about the support that was provided to a member of their family and that their opinions were, “Always listened to.” We observed staff consulted people about their individual wishes to ensure their personal preferences and choices for support were understood and responded to appropriately.

We spoke with an emergency care practitioner who was visiting the home, following deterioration in the needs of a person who used the service that had been noted by care staff. The care practitioner told us they would be recommending a hospital admission for this person, but had been unable to gain a clear understanding of the events leading up to their current involvement, due to poor recording of information about this person and communication about this issue. We looked at the care records for this person and found that details about their changing needs had been unsystematically documented, which meant it was hard to check actions taken by staff following changes that had been noted. The registered manager told us they were in the process of implementing improvements to people’s care records, following audits of these by the registered provider that had identified shortfalls in care planning.

We saw that information was available in people’s care records that detailed their individual strengths and needs, together with information about their personal aspirations and past histories, to help staff understand and encourage their independence. There was evidence people’s needs were reviewed to ensure the correct support was provided.

There was evidence specialist signage had been developed to help people with memory or dementia related impairments orientate themselves around the home and feel in control of their lives. However, we observed there were limited social opportunities available for people on the days of our two visits to the home, to enable their wellbeing to be positively promoted and saw many people spending a great deal of time either sleeping or sitting passively in chairs. Whilst we were told extra staff had been recently deployed to cover busy periods in the home, following shortfalls in these that had been noted, we observed the staff approach was somewhat task orientated at times, which meant that spontaneous interaction with people who used the service was not always as person centred as could be and should be further improved.

We recommend the service considers the National Institute for Health and Care Excellence (NICE) Quality Standard for supporting people to live well with dementia QS30.

People who used the service we spoke with told us they did not have any complaints about the home. We found the registered provider had a complaints policy and procedure that was available to enable their concerns to be raised. Whilst a visiting relative told us they were not entirely clear about the official complaints procedure for the home, they told us they felt able and comfortable to comment on the care that was delivered to their member of family and would speak with the registered manager if they had a problem. The relative told us they felt the registered manager was approachable and open to receiving complaints but were happy to speak to senior carers if the registered manager was not available.

Is the service well-led?

Our findings

There was a registered manager in post who had an approachable management style. We found the registered manager was clear about their role and had notified the Care Quality Commission of issues effecting the health and welfare of people who used the service.

Information about the service was available in a statement of purpose and service users' guide to help people who used the service to be provided with details about how the service was run and enable them know what to expect from the home.

Staff files contained evidence of regular meetings with senior staff to ensure they were clear about their professional responsibilities and enable action to taken to address performance related issues when this was required. The registered manager told us they had been unsuccessful in obtaining regular participation from relatives in meetings to discuss suggestions and improvements to develop the service, as many of them lived a long distance away or did not maintain regular contact with the home. The registered manager told us they were working on ways to improve this aspect of the

home and we saw evidence of surveys that were used to enable feedback about the service to be provided from relatives, stakeholders and staff and enable action plans to be developed to address issues that were highlighted.

There was evidence a variety of systems were used by the registered provider to ensure people's health and wellbeing was safety promoted. We saw this included regular visits from senior staff from the registered provider and a quality compliance team that was employed, to enable the service to be assured and maintained. We saw a variety of audits on different aspects of service provision were completed by the registered manager to enable the quality of the service to be monitored. We found that reports were submitted to the registered provider on key performance indicators such as incidents and accidents, staff training and complaints to enable patterns and trends to be highlighted and enable improvements to be implemented where this was required. We saw that safeguarding concerns were routinely monitored by the registered manager as part of the overall quality checks for the service and that action plans were developed following outcome investigations from these, to enable the service to improve and develop. Staff told us the registered manager was fair and encouraged them to contribute ideas and suggestions for improvements to the home. We saw the staff worked as a team and supported each other flexibly to cover shortfalls owing to sickness and holidays that had been experienced.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Suitable arrangements were not in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.