The You Trust

Warnford Close

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 26 August 2015 and was unannounced.

Warnford Close is registered to provide accommodation and personal care services for up to 12 people who have mental health needs. At the time of our inspection there were 11 people living at the home. Some had lived at the home for a number of years. Others were in the process of making the transition to more independent living. They were accommodated in a purpose built house with single rooms. Toilet and bathroom facilities were shared and included a wet room on the ground floor. There were two lounges, one of which had recently been decorated, a shared kitchen and dining area, and a laundry room for people to use. There was an enclosed garden with a sheltered outside sitting area which was used by people who chose to smoke. People were encouraged and supported to clean their rooms and the shared areas of the home, and to do their own laundry.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are “registered persons”. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Assessments, plans and risk assessment records for people's care and support were not always accurate, complete and up to date. The service had arrangements in place to learn lessons from incidents and accidents, but notifications about relevant events were not always sent to the Care Quality Commission.

The service took steps to protect people from risks, including the risks of abuse and avoidable harm, while allowing them to make choices and exercise their independence. Staff were aware of what they needed to do to keep people and themselves safe. There were enough staff to support people safely and the provider's recruitment process was designed to make sure staff were suitable to work in a care setting. Staff followed appropriate procedures to store, handle and administer people's medication safely. Where people managed their own medication, staff prompted, reminded and checked them as appropriate.

Staff received training and support by means of supervision and appraisal meetings to maintain their skills and knowledge. People consented to their care and support. People were encouraged to choose and prepare their own meals and to maintain a healthy diet. The service supported people to maintain their health and wellbeing by access to other healthcare providers when they needed them.

There were positive, caring relationships between people and staff supporting them. People were able to express their views and take part in decisions about their care and support, and about the service in general. People's privacy and dignity were respected.

People's care and support reflected their needs, preferences and choices. Staff reviewed people's care on a regular basis and supported people in a way which promoted their independence. Staff supported people to take part in activities in the community where they needed help. There was a complaints procedure in place, people were aware of it and had used it. Complaints were dealt with and followed up to people's satisfaction.

The registered manager had systems in place to manage the service. There were regular checks to monitor and improve the quality of service provided, although these had not identified the areas for improvement we found. People had open and trusting relationships with the staff who supported them. There was a homely and professional atmosphere.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see the action we told the provider to take at the end of the full version of this report.

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.

People were protected against risks to their safety and welfare, including the risks of abuse and avoidable harm.

There were sufficient staff to support people safely, and the provider undertook checks to make sure staff were suitable to work in a care setting.

People were protected against risks associated with the management of medication. Staff supported them to take their medication as prescribed.

Good

Is the service effective?
The service was effective.

People were supported by staff who had the skills and knowledge they needed to provide care and support to the required standard.

Staff sought people's consent to care and treatment. Staff were aware of legal requirements where people were not able to consent.

People were encouraged to have a healthy diet. They were able to access other healthcare services and providers when they needed to.

Good

Is the service caring?
The service was caring.

Staff showed interest and empathy in their interactions with people.

There were opportunities for people to influence the service they received.

Staff promoted people's independence and dignity, and respected their privacy.

Good

Is the service responsive?
The service was responsive.

Staff provided care and support which took into account people's needs and preferences.

People were able pursue their interests, hobbies and other activities with support from staff if they needed it.

There was a complaints procedure in place. People were aware of it and had used it.

Good

Is the service well-led?
The service was not always well led.

Requires Improvement

Summary of findings

Records about people were not always complete, accurate and up to date. The service did not always notify the Care Quality Commission of relevant incidents affecting people.

The provider had systems in place to manage the service and monitor the quality of service provided, but they had not always led to necessary improvements.

There was an open and trusting atmosphere with good relationships between people and staff.

Warnford Close

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 26 August 2015 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this inspection the expert by experience had used services for people with mental health needs.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We spoke with six people who lived at Warnford Close. We observed care and support people received in the shared area of the home.

We spoke with the registered manager, the deputy manager, and three care workers. After the inspection we spoke with a health and social care professional who worked closely with people and staff at Warnford Close.

We looked at the care plans and associated records of three people. We reviewed other records, including the provider's policies and procedures, internal and external checks and audits, training, appraisal and supervision records, staff rotas, complaints, incident reports and recruitment records for two members of staff who had started recently.

Good

Is the service safe?

Our findings

All the people we spoke with felt safe in the home and told us they got on well together and had a good relationship with staff. They said there were enough staff, including one member of staff who slept in the home overnight. This meant there was always somebody people could go to if they needed help or support.

The provider took steps to protect people from risks including those of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. Staff were confident any concerns would be handled promptly and effectively by the registered manager. Where a person was assessed as particularly at risk when outside the home, staff were aware of this and told us of steps they took to reduce the risk.

The registered manager was aware of processes to follow with the local authority and community mental health team if there was a suspicion or allegation of abuse. Training was in place to maintain staff's knowledge about safeguarding. Training was refreshed every year, and the importance of safeguarding people was emphasised at staff meetings. Suitable procedures and policies were in place for staff to refer to, including a whistle blowing policy and contact information for external agencies who could assist staff if they had concerns about safeguarding.

Risks to people's safety and wellbeing were managed according to risk assessments, for instance with respect to self-neglect, failure to take medication, and risks associated with meeting people outside the home in the community. In one case, risk assessments were not fully documented, but staff were aware of the identified risks for the person and how to manage and reduce them. Documented risk assessments contained the positive and negative consequences of the risk and actions agreed by both staff and the person to reduce the risk. If people were at risk of not returning to the home there was a "missing person" procedure. This included information to help people looking for them such as a description and pen picture of the person, their diagnosis, medication and high level needs and risks. Risk assessments were reviewed every month and amended if necessary.

Other risk assessments and procedures were in place to keep people safe. These included instructions for the safe use of kitchen equipment and garden barbecue, and risk assessments for people who might smoke inside the house. Staff practices were covered by risk assessments including lone working, health and safety, and the control of substances hazardous to health (COSHH). Staff training included COSHH, first aid and fire safety. There had been a recent fire risk assessment conducted by an external consultant. There was an emergency contingency plan in place which was practised every three months.

There were sufficient numbers of suitable staff to support people and keep them safe. Staff told us their workload was manageable and staffing levels were appropriate to the needs of the current population of people living at the home. When it was necessary to cover absences they preferred to do so from within the team of full time staff. If this was not possible, the provider had their own bank of temporary staff, and some of these were familiar with the home and so could provide continuity of care for people.

The provider had a recruitment process designed to make sure staff employed were suitable to work in a care setting. Following an initial telephone screening, the provider invited candidates to an assessment centre. Successful candidates then had an interview with the registered manager which included both a standard set of questions and input from people who lived at the home. The registered manager encouraged people to take part in the recruitment process. The provider carried out the necessary checks before staff started work. These included evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment.

The provider held records of these centrally and the registered manager sent us evidence of the checks the day after our visit.

People told us they knew they needed to take medication and why. They were supported to do this according to their needs and preferences: some people could manage their own medication, some had their medication managed by staff and some had a combination. Most people were informed about their medication. One person told us they had not been told about any side-effects, although this information was available in people's care plans.

Arrangements were in place to store and manage people's medication safely and make sure they received it as prescribed. People had a medication care plan which

Good

Is the service safe?

identified if they took responsibility for their own medication, had it administered by staff, or a combination of the two. The care plan was cross referenced in an individual medication record file. This included information about the individual medication, possible side effects, and photographs of the tablets and packaging. There were instructions for staff to follow if they suspected a person had taken too much medication. Individual instructions were in place for how people preferred to take their medication, for instance one person had their tablet crushed and given mixed in yoghurt. Their GP had agreed to this, and the person was aware of and consented to this method of administration. Where staff did not administer people's medication there were procedures in place to prompt, remind and check people were taking their medication as prescribed.

There was information in the files about how people's prescribed medication might interact with over the counter medicines or herbal preparations. Staff kept a record of when they were aware people bought their own over the counter medicines. Staff kept accurate records of medication they administered. Where people were prescribed medication "as required", the records included the time and dose administered, which showed when people could next have the medication safely. One person was concerned they were suffering side effects from their medication. This was being followed up with their GP and appointments were in place to review it.

Good

Is the service effective?

Our findings

All the people we spoke with were very complimentary about the competence of staff with comments including "Staff are very helpful," "Staff are good and are trying to help me", and "It is good being here, you are looked after all right."

Staff were supported to obtain and maintain the skills needed to provide care and support to the standard required. They said they received relevant and timely training and had regular supervision and appraisal meetings. They received specialist training in supporting people with a mental health condition such as bipolar disorder, schizophrenia and personality disorder. Records showed staff were up to date with their mandatory refresher training which included first aid, health and safety, moving and handling, infection control and food hygiene. One member of staff who had started recently told us they found the induction was preparing them adequately for the role of keyworker. Their induction was based on the Care Certificate which defines a set of national standards for staff who work in a care setting.

Records showed training was followed up by competency checks in supervision meetings. Staff had supervisions every four to eight weeks, which was according to the provider's policy. Staff told us they felt supported by the registered manager, the deputy manager and by their colleagues. The registered manager was supported by their line manager who visited the home approximately every six weeks.

People were able to come and go as they wished. Most went out on their own, but a small number preferred to be supported by staff or external support workers. People typically went to local shops to buy food of their choice as they chose to prepare their own meals. One person told us they enjoyed shopping and doing their own cooking.

People consented to their care and support. We observed staff explaining to people and discussing what was going on. Signed records in people's care plans showed they had read, understood and agreed with the content of the plans. Records also showed that where people declined treatment, for instance a flu vaccination, their decision was respected. People were able to leave the home at any time without seeking permission, unless they had conditions imposed on their aftercare according to the Mental Health Act 1983.

All the people living at Warnford Close were able to understand and make their own decisions. The registered manager and staff were aware of what to do if people lacked capacity to make decisions. The registered manager had received training in the Mental Capacity Act 2005 and its associated Code of Practice. This legislation provides a framework for acting and making decisions on behalf of people who lack capacity to make particular decisions for themselves

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. These safeguards protect the rights of people by making sure any restrictions to their freedom and liberty have been authorised by the local authority as being required to protect the person from harm. Whilst no-one living at the home was currently subject to DoLS, and people were able to come and go freely, the registered manager understood when an application should be made.

People were encouraged to eat a healthy diet, and information about healthy eating was available to them. Where people chose to prepare their own meals, staff gave them an allowance to buy food from the home's budget. Where staff supported people more closely in preparing meals, the menu for each week was discussed and agreed. Staff told us they normally assisted with the evening meal, while people prepared their own breakfast and lunch. People were supported to manage their weight, for instance by attending meetings of a weight loss organisation.

People's health and wellbeing were supported by access to healthcare services when needed. People were satisfied they could attend their local GP surgery, dentist and other healthcare services as they needed to. One person told us about their long term dental treatment and others that they had attended the local hospital to see consultants about physical health issues. Another person told us they found staff supportive and helpful in arranging healthcare appointments.

Records were kept of appointments and referrals to other providers such as people's GP, dentist and optician. Staff

Good

Is the service effective?

supported people to attend appointments with the community mental health team and outpatient hospital appointments. Records showed that people were supported to attend screening clinics and aftercare appointments.

Good

Is the service caring?

Our findings

All the people we spoke with thought highly of the staff. They said staff were "friendly and bubbly". They felt "listened to", and one person said, "They talk to me." Staff were supportive and encouraged people to be as independent as possible. People were encouraged to do their own cooking, laundry and cleaning, and staff were available to help them if necessary.

People were satisfied they were able to express their views about the care and support, and that they were listened to and received the support they needed. They were involved in reviews of their care and other assessments. One person was ready to move into more independent accommodation, and staff were helping them prepare for the move.

There were positive, caring relationships between people and the staff supporting them. The service operated a keyworker system which meant people had an identified member of staff they could approach, but all staff interacted with people equally. They showed interest in what people were doing and what they were interested in. This included casual comments about and helping with a person's crossword puzzle, and talking about another person's plans to go fishing. They took time and showed empathy when people talked about distressing and emotional subjects.

Staff were motivated to support people in a caring manner. The registered manager told us staff had a "passion for mental health care", and some had experience of a family member living with a mental health problem. Staff told us they treated people as they would want their own family treated.

People were actively involved in making decisions about their care and support. One member of staff said, "Everything is about the person." Staff used everyday conversations to find out what people wanted to do and if they needed support to do it. Information about the support available was provided to people in a pack they received when they moved into the home. The kitchen notice board had information about external services including community organisations, Citizens Advice and exercise classes. Staff took people's opinions into account when redecorating individual rooms and shared areas of the home.

There were regular, documented house meetings. These were an opportunity for people to raise any points or concerns. The registered manager had used these meetings to develop selection criteria for staff recruitment which took people's views into account. They had also discussed ideas for organised excursions. They said most meetings became a "nice chat".

People had their privacy and dignity respected. Staff told us people had keys to their own rooms. They only entered people's rooms for tidying and cleaning, and for welfare checks if they had not seen the person following their normal routine in the shared areas of the home. People told us staff always knocked and called their names when they wanted to enter their rooms.

There were no people with individual needs arising from their religious or cultural background, but staff understood issues of equality and diversity that could arise in a shared living setting. Staff were aware of people's preferences and medical conditions which had to be taken into account when discussing their food choices. There was a male care worker employed which meant the service could accommodate any request from people to discuss their care and support with another man.

Good

Is the service responsive?

Our findings

People we spoke with were very happy with the care and support they received. Some were aware of their care plans and attended review meetings. Where people needed help with physical or mental health needs they were supported to access services which met their needs. People told us they preferred to arrange their own leisure activities such as knitting, completing word puzzles and crosswords and watching TV and DVDs.

People had access to the community and were supported and encouraged to do their own food shopping. Two people were interested in art and were being encouraged to attend local classes. Staff had offered to go with them as they were nervous about meeting new people. One person met with a volunteer companion in the local area. People felt there was no need for them to make a complaint about the service, but were confident they could speak to staff should they wish to do so.

People's care and support were delivered in line with individual, personal care plans. Care plans contained a description of the person and their diagnosis, needs and medication. There were pen pictures of the person along with key information about them and their contacts. There were plans in place to support people with their specific mental and physical health needs, health and wellbeing and social interactions. The plans contained actions to be carried out by both the person and staff to help them attain their goals and desired outcomes, and actions to monitor their progress.

Staff were aware of people's needs and preferences and supported them accordingly. There were records to show staff had read people's care plans. This had not been done for one person whose records were less complete than the others. However, staff were still aware of the person's needs and how they needed to be supported.

Staff maintained daily records of support and people's progress in contact sheets. There were also records of contacts with the community mental health team. People's care and support were reviewed and evaluated monthly and quarterly except for one person who had said they preferred informal reviews. Their care plan was amended to reflect this.

People were able to follow their own chosen routines. Care plans focused on helping people to become more independent in aspects of day to day living. Staff supported some people, for instance by accompanying them to meetings and events in the community. Other people were more independent. One person told us how they were looking forward to going fishing the next day. Another person had visited and stayed with a friend who had recently moved from the home to more independent living.

People's care plans for social interactions identified and assessed any risks associated with activities outside the home. There were occasional organised leisure activities, such as bingo and trips and excursions, but people were happy to be self-sufficient in this area.

The service had a complaints procedure which was communicated to people when they moved into the home. The registered manager also used house meetings to remind people of how they could raise concerns or complaints. Staff said they would be happy to support people to make a complaint if they needed help.

The registered manager told us they preferred to deal with concerns before they became formal complaints, and the size of the service and regular close contacts with people allowed them to do this. They kept a record of informal concerns and how they had been dealt with. There was a complaints file in which they recorded formal complaints and how they were followed up. There were three complaints from the previous year. They were all to do with people finding other people's behaviours or activities disruptive. The manager had mediated and resolved them to people's satisfaction.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with were satisfied with the quality of care they received and felt involved in their care. They had good relationships with the registered manager and staff. We saw examples of honest, open conversations with the registeredmanager and staff. People were able to lead their lives as independently as possible with support from staff when it was needed or asked for.

Although people were complimentary about the service and care they received, and we saw effective and responsive support being delivered, this was not always reflected in accurate and up to date records.

One person's care plans were incomplete. There were conditions associated with their residence at Warnford Close which had not been transferred into care plans, and risks were identified with no records of risk assessments or associated action plans. There was no documented medication support plan or emergency plan for this person. There were records of "monthly" reviews for only one of the previous three months. As a consequence of the incomplete plans there were no records to show staff had read and understood them and no records the person had consented to them. We discussed this with the registered manager and they were confident the person received appropriate care and support. They agreed the records should be in a more complete state taking into account the length of time the person had been living at the home. A health and social care professional told us the person's actual care and support was provided to an acceptable standard despite the shortcomings in their records.

There were errors and omissions in other people's records. One person's medication care plan contained a list of medication which did not take into account a change to their prescription which had removed one medicine. Another person's monthly care plan review showed the care plan required amendment, but the care plan itself had not been updated. A third person's file was missing records to show all their risk assessments had been reviewed every month.

Failure to maintain accurate, complete and up to date records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Procedures were in place to record, investigate and follow up accidents and incidents. There were five reports of incidents from the previous year. The records included action plans to prevent a recurrence of the incident. Records showed that the police had been called during one of these incidents. The registered manager had not notified the Care Quality Commission of this.

Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 requires registered persons to notify the Commission of a number of types of incident, including any incident which is reported to, or investigated by, the police. Failure to do so meant there was a breach of this regulation.

Staff described the home's atmosphere as "open and honest". They found people were treated as individuals, were able to be independent and make progress while acknowledging they could have good and bad days. One member of staff said "it feels like a home", and another said, "The people are the best thing." Staff said they worked well as a team and were supported by the registered manager. One member of staff said there was always somebody on hand to ask for advice.

The registered manager described their staff as "passionate, caring and loyal". They considered the service was "homely and empowering" and allowed people to make choices and progress. They said this was based on trust and respect between people and staff. They summarised the relationship between them as "friendly but not friends". There was a balance of homeliness and professionalism in the service.

The registered manager had made improvements since taking on the role. These included redecoration and refurbishment of areas of the home, changing the way medication records were filed to improve confidentiality, and introducing more structure by daily task checklists and handover sheets for staff.

The management system included staff team meetings, supervisions and spot checks on staff. The registered manager monitored the quality of service provided by working alongside staff. They had delegated some tasks, including some supervisions and spot checks, and staff rotas to the deputy manager. Staff told us they found the manager's style of leadership to be effective.

The registered manager felt supported by the provider. There was peer support through meetings with other

Requires Improvement

Is the service well-led?

registered managers in the organisation and an informal support network. They took part in the provider's mental health and social inclusion group. Their line manager visited the home regularly and supported them through training, supervision and appraisal.

Internal checks were in place to monitor and assess the quality of service. These included checks on fire safety equipment, health and safety, and the maintenance of the building. There were audits by other registered managers in the organisation every two months. The registered manager told us any actions identified in these audits were followed up and checked at the next audit. However records of the last two audits were not available on the day of our visit and the internal checks had resulted in actions to address the concerns we found with some people's records.

There had been a recent audit by the provider's pharmacist of processes to manage medicines. There were minor actions arising from this which had been completed. A recent environmental health audit had resulted in no findings.

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person did not maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of decisions taken in relation to the care and treatment provided.** Regulation 17 (2) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered person did not notify the Commission without delay of incidents which occur whilst services are being provided, including any incident which is reported to, or investigated by, the police.** Regulation 18 (1) and (2) (f)