

Lunan House Limited

Warmley House Care Home

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?	Good ●

Summary of findings

Overall summary

About the service

Warmley Nursing Home is registered to provide personal and nursing care for up to 58 people. Some people may have a diagnosis of dementia. At the time of the inspection there were 23 people living in the home. The home was divided into three areas to support people with dementia, nursing needs and residential care.

People's experience of using this service and what we found

There had been significant improvements following the inspection of April 2019. We saw promising, positive leadership with the newly appointed manager who had been in post for seven months. Positive feedback was received by everyone and indicated an overall feeling of improved accountability, continuity of workflow, a smoother running of the service and good quality outcomes for people. Comments we received included, "The staff are superb, they are all so helpful, thoughtful and caring", "Warmley House has exceeded other homes based on first impressions. Staff have been courteous, knowledgeable and helpful and I feel that we are important to them", "I cannot fault this care home, they have gone over and above", "My impression is that there is an all-round cohesion with everyone working there" and "I must say with the work and effort I exert at work, I am proud each shift. It feels rewarding when efforts are appreciated".

People received a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. People were supported to take risks, promote their independence and follow their interests. Risks were assessed and plans put in place to keep people safe. There were enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed, and people received their medicines as prescribed.

The service was effective in meeting people's needs. Staff received regular supervision and training required to meet people's needs. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

During a brief tour of the home we were introduced to people who welcomed us. People were relaxed, comfortable and confident in their home. The feedback we received from people, relatives and staff was positive throughout. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful. People were supported to maintain their personal interests and hobbies. It was evident that a person-centred approach to care had improved following our previous inspection.

The service was responsive to people's needs. Staff monitored and responded to changes in people's needs.

They were offered a range of activities. Everyone was encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was well led. The operations management team, registered manager, deputy and staff team maintained a focus on seeking to improve the service people received. Quality assurance systems were in place and based upon regular, scheduled audits which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

Rating at last inspection and update:

The last rating for this service was requires improvement (published in April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our safe findings below.

Good ●

Warmley House Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Warmley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because we needed to be sure relevant people from the management team would be available.

Inspection activity started on 11th May and ended on 17th May.

What we did before the inspection

Before the inspection we reviewed the information, we had received about the service since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the

provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used this information to plan our inspection.

During the inspection

The inspection was facilitated by the registered manager and a regional support manager. During our brief tour of the premises we observed interaction between care staff and people living in the home. We introduced ourselves and spoke with them briefly about their day and how they were feeling. We also spoke with an activity staff member and head of housekeeping.

After the inspection

The second day of our inspection consisted of a video call meeting with the regional support manager and registered manager. This was to discuss what we found during our visit and to collect further evidence through questions and discussion. We requested a range of records, including policies and procedures, risk assessments and quality monitoring and assurance documents. We continued to seek clarification from the provider to validate evidence found.

At the end of the first day of the inspection we sent questionnaires to people, their relatives and staff. We received 15 responses, some chose to answer the questions whilst others preferred to write a summary of their experiences and views. The service had received 14 reviews from relatives since August 2020. We have referred to all feedback throughout this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the inspection of April 2019, we found people were at risk because of unsafe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

- At the inspection of April 2019 audits had not identified when equipment used to administer medicines required a maintenance service. Fridges used for storage of medicines had not been checked they were at the correct temperatures and maintained. This had been resolved and the medicines quality assurance audits had been amended to help prevent recurrence.
- Policies, procedures, records and practices demonstrated medicines were managed safely. There had been no significant errors involving medicines in the last 12 months.
- Medicines were administered by nurses and senior care staff who had completed their medication competency assessment and received regular updates based on best practice guidelines.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt in safe hands. Comments included, "He feels very safe and secure there and has nothing but praise for all the staff", "Yes, I do think it is a safe place to live" and "When I leave, I always feel my relative is in safe hands".
- Staff felt safe and agreed the care and support they provided was safe. Comments included, "I feel safe on my shift and I believe we adhere to the guidelines", "I personally feel safe during my shifts" and "During the pandemic the procedures put in place have helped to make us all feel safe at work".
- Staff understood what constituted abuse and the processes to follow to safeguard people in their care. Policies and procedures were available to everyone who used the service.
- Staff attended safeguarding training updates to refresh their knowledge and keep them up to date with any changes.
- The registered manager, deputy and staff recognised their responsibilities and duty of care to raise safeguarding concerns about an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

Assessing risk, safety monitoring and management

- Staff managed risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with

swallowing and potential choking risks. People's records provided staff with information about these risks and the action staff should take to reduce these.

- Some people required equipment to help keep them safe. The service ensured people were assessed so that appropriate aids were in place to support them. Equipment was risk assessed and staff received training on how to use the equipment to reduce the risks to people who used them. Specialist equipment included pressure relieving mattresses, profiling beds, specialist seating, mobile hoists and equipment to help people shower and bathe safely. Equipment was checked by the maintenance person and maintained by an outside contractor where necessary.

Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed the lead up to events, what had happened and, what action had been taken.

- Monthly audits of incidents were completed and would help identify any action that could be taken to help prevent recurrence. One new initiative following the inspection of April 2019, was the introduction of 'Post Fall Huddle' meetings. The post fall assessment was completed by all staff who were involved in the persons care. The huddle meant that a prompt review about what had happened would help reduce the likelihood of further falls.

Staffing and recruitment

- During our visit, the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People, relatives and staff confirmed there were enough staff on duty. Comments included, "Staffing levels are very good, allowing time to be given to residents to support them and for staff to be able just to spend time engaging in activities with them", "Staffing is guided by the dependency levels of people and staffing is adjusted to meet changing needs", "I can always find a member of staff and see them walking around the home" and "In the event of unexpected staff absence everyone will help support including the administrator, manager and deputy manager".
- New leadership, effective recruitment and training had also contributed to improved delivery of care. One staff member told us, "There have been big improvements. When I started there were a lot of agency staff, all staff have been retrained, and we have a lot of new staff. Sickness levels have improved since the new manager has been in post".
- The registered manager ensured staff employed had suitable skills, experience and competence to fulfil their roles. In addition, they considered personal qualities to help provide assurances they would treat people well and be a valuable staff member to the existing team.
- Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks were carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Preventing and controlling infection

S5□ How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At the inspection of April 2019 there was a failure to ensure adequate nutrition that respected personal choices. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

- There had been significant improvements since the inspection of 2019 including the appointment of a new head chef. They told us, "I am very well supported by my home manager, I also have good communication with the area support chef and the area manager. I am very happy with my role and what I contribute to the smooth running of the home".
- Menu planning was person centred and always considered a healthy, balanced, nutritional approach. People were supported with special dietary requirements. This included diets for people with diabetes, cultural preferences, compromised swallow and fortified foods for those at risk of weight loss.
- The chef was proactive in attending training that would further enhance people's nutritional intake whilst promoting dignity and respect. Innovative methods had been sought to support those who were reluctant or had difficulty in eating and drinking.
- The chef had completed training in The International Dysphagia Diet Standardisation Initiative (IDDSI). The initiative supports individuals with dysphagia, in all care settings, and for all cultures who require texture modified foods and thickened liquids. The chef understood that eating was a multisensory experience and that texture, aroma and flavour as well presentation would impact on how something tasted and therefore influenced how much someone ate.
- The chef took an active part in ensuring people enjoyed their food and spoke with them individually and in arranged meetings. People chose where they wished to receive their meals. The meals prepared and served to people were well received. One relative told us, "My relative absolutely loves the food!". Drinks and snacks were readily available.
- If people were at risk of weight loss staff had guidelines to assist with developing a care plan and identifying any action required.
- People were weighed monthly, but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapists, GPs and dieticians.

Staff support: induction, training, skills and experience

- Staff received training and updates when required. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively. Staff told us, "I feel the training most effective. The e-learning, I personally find outstanding. I feel I have gained more experience and knowledge" and "The current management have opened doors of opportunities for us. I get regular training which helps develop my skills, knowledge and understanding in terms of my role as a nurse".
- Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications. One staff member told us, "I am supported to develop skills and knowledge and I feel I want to learn more. The manager and deputy are most supportive and both keen for me to grow within the business and gain more experience within my job role. The deputy has put me forward to become a moving and handling trainer and this made me feel very proud".
- Since the inspection of April 2019, staff felt they were supported daily by the registered manager, deputy and their colleagues. Staff said teamwork had improved and they were working cohesively. Comments included, "Teamwork has been the key to effective, efficient, quality of care to our residents. We have maintained a great team of staff. The timely and effective communication amongst team members with a selfless attitude to work has significantly improved residents' care" and "Personally I feel I work well as a team member. I give all staff respect. I give positive feedback to the night staff team and I am supporting them with their training".
- Any additional support/supervision was provided on an individual basis and these were formally recorded. Supervisors supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.
- New systems were in place where staff in senior roles provided supervision for a small group of staff. This had been well received and staff were enjoying expanding their skills. One staff member told us, "Recently, we had a senior/nurse meeting and I asked for help and support with supervisions. The manager gave me support to help with my new role".

Adapting service, design, decoration to meet people's needs

- There had been an extensive redecoration and refurbishment programme since the inspection of April 2019, and this was ongoing.
- People's bedrooms and communal areas had been redecorated and old furniture had been replaced. The home looked brighter, comfortable, homely and clean. Bedrooms remained personalised with ornaments, pictures, soft furnishings and photographs. One relative wrote, "My mum was made to feel very welcome and was put at ease from the minute she arrived. We could bring her home comforts such as glass cabinet and wall shelves. The home was very accommodating, and nothing was too much for the staff to sort out".
- Some work had taken place in the dementia unit to help stimulate memories and conversations. Next plans were already being considered and people were consulted for their views and ideas. Specialists were involved to further improve areas of the home for those people with dementia.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care and support was reviewed and evaluated so that people received support that was responsive, and person centred.
- Staff ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. A nurse told us, "Multidisciplinary

teams for example GP's and physiotherapists continue to offer unwavering support, advice and care to residents and staff. The response is timeous, and they always provide an update".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager completed thorough assessments for those people who were considering moving into the home. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered supported the service and prospective 'resident' to decide whether the service was suitable, and their needs could be met.
- The registered manager and provider demonstrated a sensible, measured approach before taking any new admissions, ensuring the staff compliment, skills, current dependency levels of people living in the home and the environment were satisfactory.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the MCA, how to implement this and to support best interest decision making.
- Staff offered choice to people and asked for their consent when offering support. Daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home and socialising together.
- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Systems were in place so that the registered manager would know when these expired and when to reapply.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At the inspection of April 2019, we saw some poor practices around dignity and respect that required improvement. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

- Throughout this inspection and following feedback from people who used the service we were confident about improvements. One nurse told us, "The management always ensure that our residents are treated with dignity and respect and that the highest standard of professionalism is maintained. These they maintain through supervision of the care team and where necessary in circumstances of displeasing comments from the residents. This has made every staff involved in direct care of the residents to maintain high level of professionalism in executing their duties".
- People were provided with support from a caring service. They had good relationships with staff, and they appeared comfortable and relaxed when approached. We observed friendly, caring interactions, and smiles.
- We received and read some lovely compliments from people and their relatives about the staff. Comments included, "All staff have been first class in looking after my relative's needs", "It's a very caring home where residents are well looked after. I cannot fault the staff they are lovely, and nothing is too much trouble", "The staff are always polite and helpful" and "Staff are kind and courteous".
- Staff were proud about how they looked after people and felt they received support that was caring and kind. They told us, "I always feel satisfied at the end of my shift. Residents enjoy time to engage in conversation and seem happier by the time I leave them", "I have worked in Warmley house for two months and I feel very proud about the care I give" and "Through teamwork and the passion we have for our residents and different roles we play, we always manage to give our residents the best care they deserve".

Supporting people to express their views and be involved in making decisions about their care

- People were supported to choose how they wanted to spend their day. Two relatives told us, "Staff go out of their way to assist people and if they are unsure, they ask for advice" and "Staff are aware of my relatives' preferences and accommodate whenever they can".
- Care plan review meetings supported people to ensure their care remained effective and meaningful.

- 'Residents' and relatives meetings enabled people to express their views and influence things such as food and menu choices, activities and future events.

Respecting and promoting people's privacy, dignity and independence

- Feedback we received confirmed that staff treated people with dignity, and their privacy was maintained. One relative told us, "My relative has been treated with great respect and care and nothing is too much trouble for the staff".
- People were supported with personal grooming and staff had sustained those things that were important to them. This included preferred style of clothes that were clean and ironed, shaving and manicures. Everyone was looking forward to the return of the hairdresser now that visiting restrictions to the home had eased.
- Independence and autonomy was always promoted and was at the centre of the care and support people received. People had been assessed for walking aids due to restricted mobility. We observed one staff member assisting a gentleman discreetly, keeping an eye on them, but giving them the space and time to walk independently to the dining room. One nurse told us, "It is important to maintain skills and let residents do what they are still able to do for themselves, caring for them whilst promoting independence".
- Re-enablement and support plans were developed with individuals and relevant professionals to support phased physical progression and health. The registered manager and staff recognised individual capabilities and worked on strengthening these. Two relatives told us, "My relative went to Warmley for rehabilitation following a fracture, the outstanding care he received meant he was soon back on his feet" and "Staff talk through what they are doing and promote independence as much as possible".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the inspection of April 2019, the service failed to work in partnership with people, so their care and support was meaningful and individualised. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

- The registered manager and staff knew people well and their individual likes and preferences in relation to the way they were provided with care and support. Two staff members told us, "Care plans are completed with the resident and if required their family, so we know how a resident likes their care to be delivered" and "The management of the home assigned a mentor to me when I started, she has been instrumental in my improvement on person centred care planning". A relative told us, "Staff have a wealth of information about how to keep my relative happy".
- People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge. One staff member told us, "The recent employment of a clinical lead to supervise our clinical duties has promoted clinical efficiency of staff and patient care".
- Continuous daily evaluation helped identify deterioration in people's health, where needs had changed, and intervention was required. This included things such as treatment for infections, review of medicines, assessment for equipment and increased staffing levels.
- The registered manager, deputy and nurses continuously reviewed the planning, delivery and management of people's care and support. As a result, people received a service that was responsive.

Improving care quality in response to complaints or concerns

At the inspection of April 2019, recording, handling and responding to complaints required improvement. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

- The registered manager's approach to concerns was open and transparent. There had been no formal complaints received since the registered managers appointment.
- The daily presence of the registered manager and deputy meant people were seen every day and asked how they were. This approach had helped form relationships with people where they felt confident to express their views.
- Improved communication with relatives had helped relieve anxiety and any concerns particularly during the pandemic and restricted visiting. One relative told us, "I telephone every day and I am very happy how staff keep me informed of everything, especially if my relative is unwell. I think they are doing a very good job in these difficult times".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Effective communication and contact formed an important part of ensuring relationships between family and friends were promoted and sustained. This had been particularly challenging during the pandemic. Relatives told us, "I had plenty of calls and video calls with my relative", "Staff were very understanding and caring, they helped my relative with video calls so we could keep in touch" and "We had outside visits and really appreciated the efforts of all the staff to enable this".
- The service had been steadfast in supporting people to receive visitors whilst following the law and government guidelines. In addition, they supported people to safely leave and return to the home. On the day of our visit we saw one person going out with their family.
- People were offered and provided with a range of activities, they handpicked what they liked to do or take part in. They shared their preferred interests and hobbies and were encouraged to express, discuss and share new ideas.
- We spoke with one of the activity staff members who told us people wanted to continue with things that were important to them so that their lives remained meaningful.
- There were three activity staff members who provided activity provision seven days a week. They took an active part to ensure connections with family and loved ones had been sustained during the pandemic. Comments received included, "The activity staff work very hard in providing and supporting residents with a variety of activities and they have been the visitor champions as restriction have eased" and "They have a wealth of imagination as to how to keep my relative happy".

End of life care and support

- People were cared for when they required end of life care, with the support from GP's, district nurses and palliative care nurses.
- Staff felt privileged to care for people when they were dying and took pride in making sure they respected choices and maintained people's dignity.
- Staff had received some lovely written feedback from relatives when people were receiving palliative care, or they had lost a loved one. Comments included, "I have to say we could not be happier with the care my relative is receiving. Above all, he is content, and is being looked after superbly, kept as well as his health allows. I highly recommend Warmley House Care Home for your loved ones" and "Throughout my mother's stay she was very happy and there was no cause for complaint. The staff were always cheerful and kind and have all my gratitude and thanks".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard.
- The speech and language team worked alongside staff to help formulate care plans around effective communication.
- The homes IT tablet was useful as a visual aid. Those people who had anxiety or were confused also benefited from this.
- Staff had received training to help understand non-verbal body language to help interpret how people might be were feeling. Some people with dementia had difficulty expressing if they were in pain. Staff used the Abbey Pain Scale which is used as part of an overall pain management plan. The Pain Scale is an instrument designed to assist in the assessment of pain in people who are unable to clearly articulate their needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At the inspection of April 2019, the provider failed to assess, monitor and drive improvement in the quality and safety of the services provided. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

- The registered manager told us about their journey since joining the home seven months ago, including achievements, learning from failures and how best to improve. New ways of working and revised systems in place contributed to a smooth, effective operation of the home whilst still retaining its personalisation. One relative told us, "My relative has contact with the manager and says he is very nice and approachable which is the main thing. The deputy manager has always been helpful and available".
- The ethos of a person-centred approach to care and treating people as individuals was consistent. Staff comments included, "The home has changed so much, staff are happier, less task orientated, more engaging with residents and more supportive of each other. The overall feel of the home is calm and a nice place to work" and "The management have significantly helped in improving staff skills and knowledge. These knowledge and skills have further enhanced effective care delivery to the residents".
- During the inspection we found significant improvements had been made around leadership and management. The registered manager, deputy and staff team had strived to maintain a clear focus on continually seeking to improve the service people received. One staff member told us, "I do feel proud when I go home at the end of my shift because I always know that I have done my best and I have led my team the best way I can. Above all, a good leader leads by example".
- There had been significant improvements around staff morale. They were developing into cohesive group who worked well as a team. One nurse told us, "Teamwork has been the rock to effective, efficient, quality of care to our residents before and during the pandemic. We have maintained a great team of staff. The timely and effective communication amongst team members, with a selfless attitude to work has significantly improved residents care".
- The registered manager and deputy led by example, they were caring, kind and respected. People and staff spoke positively about them and the home. Comments included, "The manager is very supportive and encourages staff with their development, he communicates well and is very approachable, so staff are able

to discuss and talk with him" and "I most definitely feel 100 percent supported by all the management team. They often have a catch up with me and ask how I am getting on".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the inspection of April 2019, the service had failed to notify CQC of incidents. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

- The registered manager, deputy and nurses and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- The service had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance current good practice they were achieving.
- Systems were in place to monitor and evaluate services provided in the home. Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality.
- Effective audits and quality monitoring had improved and played an integral part of improving the service quality provision. Action plans were developed with any improvements/changes that were required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Open communication was promoted and encouraged amongst everyone who used the service. Staff told us, "The management have given every staff member the opportunity to be heard and to contribute to ideas, suggestions or matters that will help to continue to uphold the highest standard of care" and "I am confident to express any concerns. I am happy to talk, and I feel listened to".
- There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. One relative told us, "All requests are handled efficiently, and everyone is helpful, enthusiastic and genuinely caring". People and relatives felt communication had improved and they were kept informed about their loved ones and things happening in the home.
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handovers, clinical review meetings, heads of department meetings and written daily records.
- Other methods of communication included planned 'resident', relative and staff meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- The registered manager was open, honest and transparent when lessons could be learned and improvements in service provision could be improved. Their office was based in the main part of the building with an open-door policy and ensured there was transparency and openness where residents, staff and families could discuss any concerns at any time.

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local

authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.

- As things had improved over the last seven months the registered manager intended to attend local provider and care home forums and linked up with other local home managers.