

Phoenix Healthcare Limited

Warren Lodge Care Centre

Inspection report

Warren Lodge
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 28 and 30 November and 1 December 2017 and it was unannounced.

Warren Lodge Care Centre is a care home without nursing. People in care homes receive accommodation and 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 home supports people requiring care for reasons of age or frailty, some of whom are living with dementia. The service is registered to accommodate up to 55 people, during the inspection there were 50 people living at the service. The service is divided into two units known as the Main House and the Courtyard. The Courtyard is designed specifically to meet the needs of people living with dementia.

At the last inspection in October 2015, the service was rated Requires Improvement in the Safe domain. At this inspection we found the service had made improvements and is now rated Good in Safe, Effective, Caring and Well-led, while the Responsive domains has been rated Outstanding.

There was no registered manager in place at the time of the inspection. However, the provider had taken immediate action following the resignation of the registered manager to appoint a new manager. The new manager was experienced and had worked in another of the provider's services for many years before transferring to Warren Lodge. They were in the process of applying to become registered with the Care Quality Commission (CQC) to manage the service. A registered manager is a person who has registered with the CQC 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.

Warren Lodge Care Centre provides high quality care and support to people who live there. The whole management team with support from the provider had worked towards improving the quality and outcomes for people. Since the previous inspection improvements had been made to help ensure care was provided safely and a number of innovative and creative ideas had been implemented and embedded, resulting in people receiving person centred care that met their individual needs.

Initiatives included "People Like Me", through which people who use the service and the staff team including the chief executive were encouraged to make positive connections with people based on shared interests. This had resulted in meaningful and positive relationships being developed that benefitted people and staff alike. Another initiative reflected the provider's interest in evidenced based practice. Internal research had resulted in an award and accomplishment framework for all leaders and managers being implemented to encourage and support outstanding practice.

People told us they felt safe at Warren Lodge. Staff were knowledgeable on how to protect people and were confident to report concerns. Where concerns had been identified appropriate action had been taken.

People's needs were assessed before they moved into Warren Lodge. Risks to individuals and the environment were identified and managed. Robust recruitment procedures helped to ensure suitable staff were employed. People received their medicines when they required them and there were procedures in place to manage medicines safely.

Staff were well trained and supported in their role, their contribution was recognised and valued. Initiatives had been developed to support and mentor staff as well as acknowledge their achievements. People were able to access healthcare professionals when necessary and staff supported them to keep as well as possible. People's nutrition was monitored and any concerns were addressed. The catering department worked with the care team to provide a pleasant dining experience for people and to ensure people's nutritional needs were met. Staff were aware of the importance of hydration and encouraged people to make use of water stations around the service throughout the day.

Staff treated people with kindness and compassion, they were committed to providing high quality care and doing the best for people they supported. People spoke of staff being "wonderful" "caring" and "kind". Relatives confirmed their family members were treated with respect and told us staff were "quick to help" "always kind" and said "wonderful, they know people so well". We observed staff providing compassionate care and responding to people promptly when they required help. There were excellent examples of care being responsive which had had a positive impact on people's lives.

We received consistently positive feedback from health and social care professionals about the care and support provided at the service. They commented on the way people's needs were responded to flexibly and the effective management and leadership of the service. Professionals felt the service worked in partnership with them to bring about the best possible outcomes for the people who lived there.

The care and support provided was person centred and recognised people's diversity and respected individual choice. People and when appropriate their relatives felt involved in planning care. People were encouraged and supported to make decisions. Consent to care and support was sought in line with legislation and guidance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The life enrichment team enthusiastically provided imaginative and varied activities for people to join in with and enjoy. People were involved in choosing and organising activities and could decide what they wished to take part in. As part of the enrichment programme professional entertainers, artists and therapists were included as well as links with the local community. These included connections with primary schools, the girl guides, the local church and the mobile library. People were also supported to go out into the community by taking part in trips to local towns or places of interest.

People were fully involved and engaged in the running of the service, their views were sought and listened to. The manager told us people were "in control" and we found numerous examples of people's ideas being adopted to improve the service. Person centred care was embedded into day-to-day life. Each person using the service was respected and treated as an individual.

Thought and imagination had been used in the design and adaptation of the service to meet people's needs. The courtyard area provided a safe and stimulating environment for people living with dementia while the whole service presented a light and well maintained setting which was welcoming and friendly. People and their relatives commented positively on the cleanliness of the service.

The complaints policy and procedure was rarely used as people and their relatives reported they had not needed to complain. They told us small "niggles" were dealt with promptly. However, when a complaint had been raised the matter was investigated and responded to appropriately.

The provider had a clear vision and a set of values that were reflected by staff who told us they were led by example. An open culture encouraged views from people, relatives, staff and stakeholders which led to improvements in the service. Staff were enthusiastic to share future plans to further improve the service illustrating their wish to always strive for better. People using the service, their relatives and staff spoke highly of the management team and found them extremely supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe at the service. Staff were knowledgeable on how to protect people and understood how to report concerns when they arose.

The service identified and managed potential risks to people and the environment.

There were sufficient staff to meet people's care and support needs. Recruitment procedures were robust to help ensure only suitable staff were employed.

People received the medicines they needed and there was a system to manage medicines safely.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

Care plans were very person centred, reflecting the individual needs of people and how they preferred them to be met.

Staff had worked extremely pro-actively with people in response to particular needs in order to achieve positive outcomes.

The life enrichment team worked exceedingly hard to provide imaginative and meaningful activities for people to engage with. The activities were extremely varied and had a positive impact on people's well-being.

People and their relatives knew how to raise concerns and felt listened to. They were confident actions would be taken to

respond to issues raised.

Is the service well-led?

Good ●

The service remains Good.

Warren Lodge Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 28 and 30 November and 1 December 2017. It was unannounced and carried out by one adult social care inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The expert who attended this inspection was experienced in caring for older people.

Before the inspection a Provider Information Return (PIR) was completed and sent to the Care Quality Commission. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the service had sent us. A notification is information about important events, which the service is required to tell us about by law. This information was used to help us plan the inspection. We requested feedback from health and social care professionals who have contact with the service. We received feedback from five professionals.

During the inspection we spoke with seven people who use the service, four relatives and visitors and ten members of staff including the chief executive officer, the manager, the care manager, the administrator, four care staff, the chef and the life enrichment manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed medicines being administered and made general observations of practice and interaction in the communal areas. We reviewed five people's care plans and associated records. We checked five staff files including the recruitment records and we also looked at other records relating to the management of the service. These records included a selection of policies and procedures, staff training records and health and safety records. Two relatives also provided written feedback.

Is the service safe?

Our findings

At the previous inspection of Warren Lodge Care Centre in October 2015 we found improvements were required to maintain people's safety. This related to the safe storage of equipment and chemicals, the disrepair of the garden fence and accurate recording of actions taken to mitigate risks. At this inspection we found actions had been taken and sustained to address these issues. Appropriate locks were on all storage areas to prevent unauthorised personnel from gaining access. The garden fence had been replaced and the outside areas now provided a safe and pleasant place for people to enjoy. Records relating to identified risks were accurate and up to date.

People were safe at Warren Lodge Care Centre. When asked if they felt safe, one person said, "Yes, it's very good care." Another said, "Yes, there is always someone around to help you. [I've] never felt unsafe." A third person commented, "Very much so." Relatives also told us they felt their family members were safe living at the service. For example, "I like this place. When you hear staff laughing together and smiling, you know they are happy which makes me feel that mum is safe here." "Definitely safe, no question about that." and "Very safe, oh gosh yes."

Staff received training in safeguarding people from abuse. They were knowledgeable about the signs that may indicate abuse and gave examples of what would concern them. These included people becoming withdrawn or changes in their demeanour as well as bruising or other physical signs. They knew who they would report concerns to and were confident any report of concern would be taken seriously and acted on. Where safeguarding concerns had been raised they had been managed appropriately and reported to the relevant authorities including the Care Quality Commission. The provider had a whistleblowing policy which provided a confidential hotline and email address for staff to use. They were familiar with this and told us they would not hesitate to use it if necessary.

A dependency tool was used to assist the management team in monitoring if there were sufficient staff to meet people's assessed needs. This was reviewed monthly so that adjustments could be made as required. We reviewed four weeks duty rota and found staffing levels had been maintained in line with the assessed needs of people. Staff told us they felt there were sufficient of them to provide unrushed care. People felt that they were responded to promptly and one said, "They come whenever I call them, I don't usually have to wait very long at all, I have this buzzer you see." Another said, "Occasionally you can wait a while, especially when someone else needs help. They make sure you're OK and then rush off [but] always come back." During the inspection we noted call bells were answered swiftly and staff were attentive to people, often pre-empting when they needed assistance.

Individual identified risks were assessed. Examples included mobility, falls, skin integrity and nutrition. Guidance was provided in the care plan to reduce the level of risk using the least restrictive way possible. This was in order to maintain people's independence as much as possible. Risk assessments were reviewed monthly and changes were reflected in the care plan when necessary. For example, where a person had been unwell, this was noted so staff could monitor for effects on their mobility and their risk of falling. Managers ensured staff were kept up to date with changes in people's risks through discussions at handover.

meetings and through written communication.

Accidents and incidents were reported, recorded and investigated. Actions were taken when necessary and lessons learnt were shared with the staff team during handovers and staff meetings. All accidents and incidents were monitored for trends so that further action could be taken to reduce risks. This was evidenced through work carried out with the local 'Care Home Support Team' which had led to a significant reduction in the number of falls people had had. A professional told us the senior managers had been open to suggestions and had purchased equipment as recommended for best practice.

Risk assessments were also completed with regard to the premises including a fire risk assessment, use of equipment and detection and prevention of pests. The premises were well maintained by the provider and since our last inspection an extensive refurbishment programme had been undertaken. Routine maintenance was carried out by a maintenance team employed at the service. Staff told us requests for work were attended to promptly. The provider engaged professional contractors for more extensive work as well as the monitoring of specialist equipment and systems.

The provider's recruitment procedures were robust. They included a Disclosure and Barring Service (DBS) check which allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. References were sought from past employers to assess an applicant's previous performance and behaviour and a full employment history was recorded with gaps in employment identified and explained. Other checks included those to verify identity and an applicant's health and fitness for the role.

Medicines were managed safely. We observed staff administering medicines and saw they followed the provider's policy and procedure. Medicines were ordered, stored and disposed of safely in accordance with current guidelines. Medicines were audited monthly by the care manager and annually by the community pharmacist. Where recommendations to improve practice had been made they were acted on without delay. Staff had received appropriate training before being given the responsibility of administering medicines. Their competency was checked six monthly by the care manager to help ensure their skills were maintained. We looked at people's medicines administration records. Staff recorded giving people their medicines, including the application of creams and lotions appropriately. Where people had refused medicines or there was a reason for a medicine not to be given this had been recorded in detail.

Is the service effective?

Our findings

People received effective care, their needs were assessed before they moved into the service and this process continued as they settled in and staff got to know them. Each person's assessment considered not only their physical needs but also their mental and social needs. The care manager commented, "We think about the whole person and want to celebrate their whole life." They went on to describe how the needs of people's families were also an essential part of the assessment and needed to be considered. We heard from relatives how they had been involved in assessments and how important this had been, one commented, "The care plan reflects the real person."

People and their relatives told us staff were skilled and competent in what they did. Comments included, "I think they are well trained and [I] am happy that should she need additional care they could support her." "Yes, they know what they're doing." and "I can only comment on the way they look after other people, most seem very confident." Professionals also told us staff were "skilled and knowledgeable." One commented on how staff skilfully managed some difficult situations and said, "Staff take pride in being able to help their residents to enjoy life and reduce anxieties, risk and confusion."

Staff said they had received training which they felt equipped them to fulfil their roles. Training was kept up to date and when refresher sessions were due they were booked in a timely manner with reminders sent to individual members of staff. Induction training was provided in line with current guidelines and the care certificate. In addition to the provider's mandatory training topics which all staff attended, specific training was also provided relating to people's individual needs and differing staff roles. One example involved experiential dementia training from a specialist training service. Staff were supported to experience what it may feel like to live with dementia in order to provide them with a deeper understanding. Staff spoke about the powerful impact this had on their practice and described how they were far more aware of what people may be feeling and trying to cope with. Other staff told us how the provider was "extremely supportive" and described how they had been able to complete relevant qualifications for their role.

Opportunities to impart knowledge and skills were sought in a variety of ways to compliment the more formal training provided. Staff with particular knowledge and skills were encouraged to share those with other staff and support their learning and understanding, for example the care manager spent time helping staff to understand the effects of different medicines or how to use particular pieces of equipment. There were also plans to introduce some training and information sessions for families to help their understanding of the conditions their family member may be living with.

The service had staff who acted as champions in leading different aspects of the service. For example, there were champions for dementia, nutrition and hydration, medicines and dignity. Staff who held these roles had a particular interest in an area of practice and sought to inform and support other members of the team in this area. One of the champions told us how this role made them feel valued and had increased their own knowledge and skills which they were able to share with other team members. Another said, "I love it, I learn every day and I like to help other to learn as well."

All the staff we spoke with said they felt extremely well supported by all levels of the management team. Support was provided through regular supervision meetings either on an individual basis or as a peer group. Staff meetings and appraisals also provided support for the staff team and gave opportunities to express views and seek advice. Staff praised the manager and the care manager for their willingness to listen, advise and support them in all aspects of their work. One said, "If I need to I can always talk to [Name] she always has an open door." Another commented, "The managers respect and value staff so you feel supported."

We observed meal times in both the main house and courtyard areas. In the main house tables were set in an appealing manner. Each person was asked individually what their choice was and offered wine or a soft drink with lunch. Food was nicely presented and served on warm plates. When one person didn't want either of the main choices, the chef offered a selection of alternatives. People enjoyed the meal time experience, we saw people smiling and enjoying conversation while soft music played in the background. Where people needed assistance it was available. It was an unrushed, unobtrusive well run service with no uneaten meals, indicating people had enjoyed their food. In the courtyard area, again the tables were appealing and made use of a variety of coloured equipment which staff told us was specifically to promote a better experience for people living with dementia. The care manager informed us the service had researched the recommended best practice to assist people living with dementia to enjoy their meals. People in this area of the service required more assistance with their meals which was provided in a kind and unhurried way. When people did not wish to eat in the dining area they could choose where they had their meal. Meal times were flexible, for example breakfast was available throughout the morning and if a person was not ready to eat lunch following a late breakfast a meal was put aside for them to enjoy when they were ready.

There was a clear and strong emphasis on people eating and drinking well. The catering staff were kept informed of people's individual requirements with regard to food. The chef held regular discussions with the care manager and met with people to find out about their personal preferences and get suggestions for future menus. The chef explained how they were looking to introduce the moulding of pureed food for those people who required a soft diet. This would make each item more recognisable and appealing for people. They confirmed they were provided with detailed nutritional guidance for each person and both cultural and medical diets were provided for. We noted that snacks and drinks were available throughout the day and night. Water stations were placed around the service and people were encouraged to stop and have a drink as they passed by. Staff were knowledgeable about the importance of encouraging fluid intake. When necessary people's nutrition was monitored and referrals to health professionals were made when appropriate.

People were supported to access healthcare and to live as healthy a life as possible. The service had built good relationships with a number of services supporting people's healthcare and we received positive feedback from professionals. One commented, "I also think the management staff are very proactive in supporting residents when their health is deteriorating and managing their increasing care needs." Another said, "[Name of healthcare service] have a good working relationship with Warren Lodge as a consequence of staff's conscientiousness in building their skill, understanding and clear communications with our team." While a third told us, "There is such positive team working between us, we can be sure things we ask will be actioned."

The service was working in accordance with The Mental Capacity Act 2005 (MCA). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under

the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received relevant training with regard to the MCA and had a clear understanding of their role in protecting people's rights to make decisions. People's consent was consistently sought before staff did anything for them. For example, staff were heard to ask, "Would you like me to help you with that?" and "Can I give you a hand [name]?" Staff spoke of ensuring people were given explanations to help them make decisions and providing enough time. They told us if people refused support they would leave them for a while before trying again. We saw people being encouraged to make their own choices. Staff found ways to help them, such as giving verbal descriptions of meals or using show plates. We observed staff patiently explaining what individual medicines were for and why they were important to a person who appeared unsure about taking them. A relative commented on how staff allowed their family member to retain their "freedom of choice". We observed people chose what to do and where to spend their time. While appropriate encouragement was given to support people to join in the organised activities, if they chose not to this was fully respected. A relative confirmed this and told us, "[Name] likes her own space and is not pressured to do anything she doesn't want to do. She doesn't get involved in any activities and is quite happy. They respect her choices."

The design of the premises had been given a great deal of thought and was based on the needs of the people living at the service. The courtyard area where people living with dementia resided had undergone a full renovation. It provided distinct, themed corridors which represented lanes or roads people may walk down. For example, one was dedicated to sport, another music and a third the garden. Innovative and creative décor gave a real feeling of being in the countryside or at the beach in the relevant corridors. Particular attention had been paid to detail such as having sensory items people could touch, smell or hear as they passed by. Items such as a coat and hat stand was strategically placed as people may have had them in their own homes. The doors to people's rooms were depicted as their front door, brightly painted and furnished with door handles and knockers. People were assisted to locate their rooms by the use of these colours and photographs. In the communal rooms within the courtyard, careful use of colour distinguished areas for listening to music, watching TV, reading, eating or just relaxing. Furniture had been specifically resourced which discreet coloured edging which again helped to identify the various areas.

The main house had also undergone a programme of redecoration and upgrade. This presented a light, bright environment where people moved around freely. Again areas had been created for people to enjoy activities, spend time doing personal interests and places to entertain visitors. We saw people and their visitors helped themselves to snacks that were readily available and made themselves drinks when they wished. The service was keen to use new equipment which could reduce risk and support high quality care. For example, the use of low profiling beds had helped to reduce the risk of falls from bed. Signage and décor throughout the service was appropriate and tasteful, making it welcoming to all. The outside areas were well designed and provided a stimulating and pleasant place for people to enjoy outdoor activities. The manager told us there were further plans to enhance the outdoor areas by building a sensory garden and a children's play area for people's younger visitors.

Is the service caring?

Our findings

People benefitted from living at a service where staff were extremely kind, compassionate and caring. The comments from people and their relatives were consistently positive, for example, "They are very pleasant, never horrible." "Yes, staff are caring and kind." "They are very helpful. Yes, caring and kind." "Very kind and helpful." and "They are quick to help, as an example they will always ask what else they can do before they leave. [Name] had a fall in [the] bathroom, they stayed with her until the Doctor had checked she was ok." In the most recent quality assurance survey people had reported 100% satisfaction with the care provided and relatives had expressed 99% satisfaction. One relative wrote, "Warren Lodge is an outstandingly caring home. Residents are treated as individuals and their dignity is always respected. Staff seem happy and they really care."

A professional provided feedback on the approach of staff and said, "I have always seen the staff treat everyone, including other members of staff with respect and dignity. We observed staff working with this approach during the inspection and noted how the team valued and respected each other as well as the people they were supporting. For example, staff offered to assist and help each other, one told us, "I get such support it's really like being with your family, we can rely on each other." Other comments from staff included, "This is the only job where I have felt valued and rewarded." and "I love it here, we laugh a lot, it feels like we are all part of one big family." The provider and the management team had a strong belief that valuing staff and respecting them resulted in staff being motivated to give of their best at all times. This had led to a piece of internal research being carried out in the provider's services which had resulted in the introduction of the 'Talent Strategy'. The strategy was described as a public declaration of their commitment to nurturing and finding positive opportunities for talented individuals in the organisation at all levels. The support for this programme came from the highest level of management where there had been investment in developing specific mentoring and support skills to take this strategy forward.

People felt the staff went over and above expectations, they told us they were looked after very well, one said, "They are very attentive, wonderful, I can't think of anything they won't do for me." Another person told us, "The staff are wonderfully kind and just always do that extra for you." Relatives spoke equally positively, for example, "This is a wonderful home. It has such a warm feel and the staff, well they are all so good." Another told us, "I would give them five stars on [Name of a rating website]. The staff are wonderful, they know [name] so well and always go that extra mile, amazing." Relatives also referred to what they described as a family like atmosphere in the service. Further testimonials regarding the caring approach of the staff team had been placed on a vetted website designed to gather feedback. Examples included, "They [two family members] could not have had more love and care anywhere else. All the staff are wonderful and treat them with dignity and compassion. We couldn't have coped with my [family member's] dementia without their support to our family" and "It's lovely to see all the staff interact with the residents regardless of their positions there. I am so grateful to Warren Lodge for the care and support not only [family member] receives but also myself when needed. The residents are all treated with the care and dignity they deserve. Without Warren Lodge, I don't know where I'd be." A visiting professional confirmed staff went the extra mile and told us, "I feel the care and homely atmosphere has contributed to the long standing commitment I have had with Warren Lodge. Over the years many things have improved dramatically and the whole package is now

outstanding."

People were consistently approached with respect and it was evident staff knew people well. They were aware of how each person preferred to be addressed such as the use of a nickname or using a second name in preference to a first. Additionally, staff knew the small things that made a difference to people such as their usual routines, "[Name] likes to do a crossword while having coffee." and "[Name] likes to be next to [name] so they can chat." Staff interacted with people in a friendly manner and from people's reactions it was clear people felt relaxed. A professional commented on the interactions they had observed on a recent visit to the service and said, "I was very impressed with the staff and resident interaction." They went on to say, "The home overall is a very pleasant place to be in, where residents are looked after to an excellent standard and relatives/visitors are made to feel very welcome."

Staff greeted people as they went about their day to day work and stopped to speak to them, comment on something or walk a short distance with someone who was looking a little lost. Interactions were empathetic. Staff were creative in the way they supported people. We observed they used their knowledge of individuals to work with them to achieve positive outcomes. The management team told us that the service had been engaged in a creative and innovative project to regularly test the "creative climate" staff worked in. This aimed to enable staff to continuously improve the caring environment. A professional working with the team on this project said, "This project and our other collaborations aim to enable not only outstanding levels of care and caring within Warren Lodge but also reflect on and develop the levels of creativity of the staff team in order to truly achieve a vibrant and outstanding person-centred culture." An example of this creative working was observed when one person was looking upset and walking toward the door. A staff member spoke quietly to them and asked if they were alright having recognised the person was distressed. They then walked with the person and listened, then taking a thread of the conversation changed it to something positive for the person to do and helped them to settle into an activity which they became totally engaged with. We later saw them smiling and relaxed.

People and when appropriate their relatives had been involved in making decisions and planning their care. Relatives told us they had been involved in helping staff to gather information about their family members past lives and helping them to understand their personal preferences. In each person's care file a document recorded details of people's life history, their cultural and spiritual needs and provided information on what was important to the person. The information gathered had been used to good effect and staff had a clear and demonstrable understanding of the people they supported. People and relatives were clear that staff knew people well, one person told us, "In the short time I've been here they have got to know me well." and another said, "Oh yes they know me well, what I like and what I don't." While a third said, "Certainly, when I first came here, they discussed everything with me."

The care manager explained how it was essential to involve people and get to know what they wanted as an individual. They described an example of how they had worked with a person who was initially unable or unwilling to discuss their needs. Other services had been requested to assess the person before they moved to Warren Lodge. However, we were told it had not been possible to find a service willing to support the person due to the way they presented at that time. The care manager said, "We are a service that wants to say yes and work with people to achieve the best possible outcome for that person, we really care." They went on to describe how they had found a way to do an assessment so that they could offer this person support. This involved spending some time just sitting with the person and talking gently without any asking the person to join in or reply. This effectively helped the person to develop trust and eventually they were able to engage and ultimately went to live at the service. Work with the person has since led to them speaking of Warren Lodge as their home and the staff as their family. We spoke with this person and it was clear they had a close bond with the staff team and valued them and their support. We saw how their

relationship with staff was reciprocal which demonstrated the exemplary person centred care provided at the service.

People had brought important personal belongings with them when they moved into the service and each person's room had been arranged and organised to suit them and made it feel personal. We saw people had photographs, art work and religious and cultural items on display in their rooms as well as items of furniture. Staff were keen to explain how they encouraged people to make their rooms individual and why this was important, "It is their life, their history and we must respect it and celebrate it."

People moved around the service freely and chose how to spend their time. They told us they could be as independent as they wished, and staff encouraged this. Comments they made included, "I am totally independent." "If I need help they are there, (but) they let me do the things I can do." "They help me when needed." and "I can do quite a few things for myself. They will help if I ask." Some people required a higher level of support but we observed staff still encouraged them to do things independently whenever possible. For example, specific crockery and cutlery used at meal times and signage which allowed people to find their way around independently.

People's privacy and dignity was protected. We observed staff knocked on doors and waited to be invited into people's rooms and they excused themselves if they needed to speak to someone who was engaged in doing something. People confirmed staff respected their privacy and said, "They are very respectful and pleasant." "No problem on that front. If I want to stay in my room they will not push me to go downstairs." They told us curtains and doors were always kept closed when staff assisted them with personal care. Relatives gave similar responses such as, "The staff continue to be aware of all his needs and cater to them more than adequately whilst allowing him to maintain his dignity."

Is the service responsive?

Our findings

People received care and support that was extremely responsive to their needs. A detailed assessment of their needs was carried out before they moved into the service. The care manager told us the information gathered during the assessment was used to plan people's individual care. They commented, "We need to be like chameleons so we can adapt to each person." People told us either they or when they wished a relative had been involved with developing their care plans. People confirmed their care plans were reviewed and they had opportunities to contribute and make changes if they wished. Relatives felt they were involved when this was appropriate and commented on being kept informed of the well-being of their family member. One said, "We can't fault the communication, if there is ever anything they think we should know they tell us. This stops us worrying about [name] when we are so far away."

People's care plans recorded their individual preferences. They covered all activities of daily living giving a holistic view of the care needs of each person. Clear and detailed guidance was provided in the plans for staff to follow in order to deliver specific care for each person. The guidance focused on people as individuals, for example, directing staff to leave a person who occasionally refused personal care and return to offer again later. Another example described how to offer comfort to a person who could become upset. We saw details such as "I can communicate my needs and I will tell you how I feel, please give me time." were recorded.

We saw examples of exceptionally responsive care provided to people that had made significant impact on their lives. In one example we were told by health professionals that the service responded quickly and flexibly to provide urgent respite care for a person who had placed themselves and their family at risk due to a mental health condition. Through collaborative working with the health professionals the care team worked hard to respond to the complex and fluctuating needs of the person, developing engagement strategies to alleviate distress and provide reassurance. As well as providing responsive care for the person, we were told, "[The service] made sure appropriate time and surroundings were given to support the family." The professional went on to tell us as a direct result of the support provided and the holistic approach used the person's health improved and they were able to return to the community and a more independent life. They added, "I believe this is the sort of working relationship and commitment that makes this home stand out."

Another example demonstrated how the service had worked with a person to improve their mental health. This enabled them to accept support and make changes to their life. It also led to them reuniting with their family who they had not been in contact with due to their condition and life circumstances. A relative confirmed the impact of the support on their family member and told us it had "completely changed his life". They described good and trusting relationships with staff meant the person was more accepting of support and sometimes engaged with activities. They said "[Name] would never have done [that] before".

An initiative to help people and staff get to know each other, make connections and match people and staff had been introduced by the provider. The Chief Executive Officer told us, "People Like Me is now an embedded structure ...which reaches far and wide in this group. We are delighted to have so many stories of

positive, creative and life enhancing connections being formed between our staff and residents based on shared interests." In order to embed this initiative and create commitment to it, a training video had been created to "capture the essence of People Like Me and help staff connect with their hearts". It encouraged people and staff to identify what was important to them and things they had an interest in and to share conversations with people who had similar interests. Staff spoke about how this had benefitted both parties and told stories of connections through places of birth, countries of residence, travel adventures, art and sport. All had made an impact on those involved and real connections had grown between people and staff. One particular example was evident when a member of staff who was going off duty told us, "I'm just going to catch up with [name] we have a good talk about the football." Another person felt some treasured memories were kept alive through sharing their interest with a member of staff. This demonstrated how the service valued the development of relationships between people and encouraged meaningful interactions.

People benefitted from a varied and appropriate programme of activities and meaningful occupation. The service had a life enrichment team which consisted of a full time member of staff and two part time staff. One staff member had recently been recruited as the team had recognised a need to further develop this aspect of the service. The life enrichment team were highly valued and respected. Their enthusiasm shone through the work they did and the response of the people using the service. The team was praised for their approach, innovation and dedication. Examples included, "I think the life enrichment team (I think that's what they are called) are absolutely amazing and are constantly coming up with new ideas to involve all the residents with various activities." and "I have to give [name] and her team a big pat on the back for the engagement and enthusiasm they have in engaging with the residents." The life enrichment team were enthusiastic about their role and eager to share the exciting things they did with people. Activities ranged from crafts, gardening, reminiscence, and music orientated activities to making a film of Robin Hood involving people and staff in all aspects of the film making process. This was part of the 'Vibrant Communities' initiative in collaboration with Ladder to the Moon. Ladder to the Moon is a company that Warren Lodge and the provider organisation have developed a strategic creative partnership with. It is aimed, through regular coaching and support to enable activity staff to use creative and innovative approaches to person centred activities. It recognises the importance of working with people who may be isolated and encourages an approach which involves the whole service.

The life enrichment team also organised professionals and entertainers to visit the service and provide alternative activities for people to stretch and expand what they were exposed to. During the inspection a number of these activities were arranged. For example, we observed people taking part in a music session provided by a duo of musicians in celebration of St Andrew's day. People went on a trip to Windsor and returned brimming with tales of having a "lovely time". A visiting professional engaged people in looking at props for new activities and gathered people's views on what they would like to try. A 'PAT' dog visited and brought smiles to people's face as he spent time with them. The dog was seen as part of the team and had his photograph alongside other members of staff for people to identify. A professional artist visited regularly and we saw how people had produced very attractive art which had been mounted for display as well as designed and made a mosaic based plaque for the front entrance. People told us there was always plenty to do, "There are activities and visits every day, today we are going out. There is always something to do if you want to. We are always asked about what we would like to do, there is a suggestion list." "I like the Gardening club and I read and watch TV. I do enjoy the garden when the weather is good. There is always plenty going on if you want something to do."

Another excellent feature of the life enrichment work was the cross team engagement. We saw care staff supported people to take part in activities when they wished to and ideas were shared across teams. For example, the catering team were involved in supporting cooking sessions and we heard about the success of a pizza making exercise. Photographs provided evidence of people engaged and enjoying the experience,

helping them to connect with things they did before living at Warren Lodge. The benefits of having younger people visiting the service were recognised by the management team and local school children were invited in to meet with the people living at the service. On the third day of the inspection the local girl guide group visited and throughout the day there was great anticipation and people were clearly looking forward to seeing them. Such was the positive response to having children around, the management team planned to provide facilities to further encourage children to be part of the life of the service.

People knew what activities were happening throughout the day and selected those they wished to join in with. A weekly timetable was displayed throughout the service which people could refer to and in addition each person had a suggested, personalised timetable which included things they particularly enjoyed. While there were many group activities staff also worked individually with people who either preferred to do one to one activities or due to their frailty were unable to join group activities. Resources were taken to people's rooms so they could enjoy things of interest to them. Many of the activities were captured by photograph and used to show relatives what their family member had been taking part in. It provided an aid to conversation and helped to keep them in touch with each other's lives. It also helped staff to understand what people liked doing and what they did not enjoy as much, enabling them to further tailor activities to individuals.

The management team were aware of the Accessible Information Standard. They had introduced policies which helped to ensure that people had access to the information they needed in a way they could understand it. For example, where written communication was difficult, people were provided with pictures and for those with failing eyesight, larger print was used. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given

Feedback was sought from people, their relatives and other stakeholders in a variety of ways. These included a quality assurance survey, the opportunity to review the service on a vetted website and resident/relative meetings. People and their relatives told us they were able to speak with staff at any time and give them their views or make suggestions, "We have regular residents meetings and a suggestions sheet." People and their relatives felt listened to and from the records we reviewed we saw actions had been taken when suggestions had been made. For example, new portable DVD players had been bought so people could use them to watch films in their rooms. More informal methods of capturing people's views were also used. For example, a board divided into columns headed 'You said' and 'We did' was in place for people to write on. People had made a request to see an Elvis film, this had been organised and people had enjoyed Blue Hawaii. Another request for a larger TV in the lounge had also been fulfilled and we observed people making good use of it during the inspection. The manager commented, "People truly have a voice here, at the meeting last week I really felt people were in control, it was extremely positive."

The provider had a clear complaints procedure which people told us they were aware of. We saw there were copies in people's rooms for them to refer to. However, people told us, while they knew how to make a complaint they had not needed to as any small concerns were dealt with straight away. We reviewed the complaints log and found there had been four complaints since the previous inspection which had been investigated and responded to in accordance with the provider's policy. We noted that where there was a lesson to be learnt this had been discussed with the staff teams so all could be aware and make improvements.

People told us they had been given time to consider the care they would prefer to receive at the end of their lives. They commented, "Yes it has been discussed." "Yes, it is detailed in my folder." and "We have discussed it and it is recorded." A relative told us how they had found great solace in being able to discuss plans and

knowing the service was able to provide a place to stay if they wanted to be with their family member at the end of their life. They said, "It was such a relief knowing they will call me and I can stay." Other relatives had sent compliments and cards to thank staff for providing exceptional care at difficult times, for example, "My [family member] recently passed away and her last few days were very peaceful. Nothing was too much trouble. Thank you all at the home for your care and patience."

Is the service well-led?

Our findings

There was a manager in post at the time of the inspection who had begun their application to become registered with the Care Quality Commission. The manager had been employed previously in another of the provider's services and was fully aware of the ethos and values the provider had in place. Visual reminders of the values were evident throughout the service and staff told us the managers led by example.

The manager told us they had received, "Encouragement and support from the provider in taking up this new position." It was clear from the presence of the operations manager and an interim manager the provider took the support of new managers seriously. The Chief Executive officer (CEO) confirmed this support would be in place until the new manager was fully inducted and felt assured in their role. In addition, the provider was eager to promote talent within their services and actively undertook mentoring to support and nurture managers. To show their commitment to this programme they were themselves undertaking a qualification in executive coaching and mentoring. They told us they had already established a "positive mentoring connection" with the manager at Warren Lodge. The manager themselves praised this support and also the staff team who they said had made them welcome and helped to ease the transition from one service to another. They said this reflected the strong team work they had found in the service.

The manager told us the service benefitted from having a stable management team responsible for each of the departments within the service. The heads of departments met regularly to discuss and share information about the service and look for ways to improve. We reviewed minutes of these meetings and saw how the departments worked together to provide an integrated service for people living there. For example, the life enrichment manager and catering manager worked closely to provide pleasurable cooking experiences for people.

People and their relatives told us they thought the service was well led, they were aware of the new manager and told us they had been introduced. We noted a resident/relative's meeting held the previous week had involved the new manager introducing themselves to each of the residents individually. We found a culture of openness and friendliness was promoted and a warm welcome was given to anyone visiting the service. For example, comments included, "They always give us snippets of news when we arrive and greet us with a smile." "We're always made welcome, we can't find fault, there's good communication, it's a wonderful home." We saw this in practice throughout the inspection when all visitors were met with smiles and staff walked with relatives to find people in their rooms or in the lounge areas. They chatted and offered refreshments and we saw visitors often joined in with activities that were going on.

The provider was a founder member of The Centre for Creativity and Innovation in Care which aims to transform how people experience care through supporting services to be creative in their approach. The commitment to this also involved bespoke training for the leaders and managers of the provider's services. The manager had already benefitted from training and coaching in creative leadership, a programme of quarterly training and support achieved through the strategic and creative partnership that the organisation has entered into. As a result they had a clear strategic vision of the service and by working with the whole management team had produced a clear plan for taking the service forward. This included the introduction

of new resources such as a fun, interactive light game to entice and get people moving and having fun together as well as a sensory garden and children's play area. The managers felt empowered to think creatively and one said, "There is no end to the rainbow, no end to the possibilities. We are encouraged to think outside the box and think big."

We were told about other initiatives that demonstrated how the service was driven to improve in all aspects of what they did. These initiatives had been introduced at the previous inspection but were now firmly embedded in everyday practice. All the staff we spoke with talked extremely positively about them. One example was, 'People like me' which encouraged staff and people to make positive connections based on shared interests. Another was called 'Shining Stars' which acknowledged and rewarded outstanding staff who went above and beyond the call of duty. The CEO shared some citations about a recent winner, "He is so polite and sensitive to residents' needs and he behaves so much more than a [role]. He is always helpful and pleasant with the residents, spending time and chatting to them. He always takes time to listen to the residents and to help them and connect to them." The provider added, "For us this is people like me in practice and someone representing the vision and values of the organisation which is why he won this award."

The service had also introduced a "Forest of Stars" initiative. Based on the provider's own internal research it is an award and accomplishment framework which encourages outstanding practice. The service is expected to demonstrate and evidence how they achieve the best possible outcomes for people across all aspects of care. The initiative had been designed to support managers and staff to understand and reach for creative ways to achieve the best care and quality of life for people.

Staff were extremely positive about working at Warren Lodge Care Centre. They told us they worked well as a team and there were good working relationships across all teams. Comments included, "I'm very happy, we work as a team, in fact I love it." "Sometimes I don't realise it's time to go home because we've had such a good time. We respect each other and the managers respect and value the staff." "There is a lovely atmosphere and it's a lovely team." "Warren Lodge is infectious, we are one big happy family." They described the communication and support in the service as, "Excellent." They told us of the different ways in which information was shared and confirmed they always felt they were kept up to date. Records of meetings indicated staff were able to express their views and their contribution was valued and acted on. The views of staff were also sought using a survey questionnaire the most recent of which had shown extremely positive results. A comment from one member of staff captured the sentiment other staff had spoken about, "Everyone here works hard to bring the home to an outstanding and gold standard living place for the residents."

There was a comprehensive governance system in place to regularly monitor the service and check for quality. Audits included nutritional provision, medicines, care files and health and safety. Where audits identified issues or gaps in performance, action was taken and when required staff were spoken to either on a group basis or if appropriate individually. This helped to ensure errors were addressed and lessons learnt as a result. A regular report was submitted to the provider for audit and monitoring purposes and quality assurance visits to the service were completed by the operations manager. Where required action plans were in place and actions signed off as completed once addressed.

The service worked in co-operation with other agencies to provide excellent care. We received complimentary feedback from health and social care professionals. Comments included, "Our [name of team] have worked closely with the home on frequent occasions and have found the team responsive, flexible and very accommodating in a crisis." "[They] always welcome our input and are very responsive to our recommendations." Additionally, we saw how a working relationship had been built with an

organisation supporting people with disabilities to find employment. The care manager explained how they had a number of staff who had disabilities and they were keen to provide opportunities whenever possible. The organisation had written to thank and compliment Warren Lodge for the support provided to one employee. "I really appreciate all the measures that have been put in place showing what an exceptional employer Warren Lodge is." They also commented further, "I was very impressed with [name] and [name]'s knowledge on the needs of employees with disabilities and their dedication in helping [name] to work to the high standards Warren Lodge achieves." A member of staff with a disability told us they were given support by the "whole team."

Community links were encouraged through local schools, youth groups and churches. People enjoyed regular trips into the community and visits to local towns and places of interest. The service was eager to develop these links further. They consulted with people using the service on what links they would like to explore and whenever possible developed relationships that benefitted both people living at the service and the community group.

The management team kept their skills up to date. They attended regular refresher training and sought advice on best practice from professionals and relevant resources. They also belonged to a provider forum which held regular meetings to supply information and updates to managers and providers. The provider held regular meetings and professional development sessions which allowed time for managers to meet and share experiences and knowledge.