Warrenheath Residential Home Limited

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Inspection report

593-595 Felixstowe Road
Ipswich
Suffolk
IP3 8SZ
Tel: 0001473 711264

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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

Overall summary

The inspection took place on 20 November 2015, the inspection was unannounced.

The service is a residential home for 17 older people, some of whom may live with dementia. The service is privately owned and both of the providers are actively involved in the running of the service, one of the providers is the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our last inspection on 31 January 2015 we found that this service was not compliant in some areas. There were concerns about the level of heating and lighting

Summary of findings

within the home, staffing levels and their training, how the medication was managed, the quality of people's care plans, monitoring the quality of the service and listening to people and dealing with complaints.

During this inspection we found that the providers had taken action and were offering a good service.

There were enough staff to support people safely and they were clear about their roles. Recruitment practices were robust in contributing to protecting people from staff who were unsuitable to work in care in the home care section of the service.

Staff knew what to do if they suspected someone may be at risk of abuse or harm and medicines were managed and stored safely so that people received them as the prescriber intended.

Staff had received the training they needed to understand how to meet people's needs. They understood the importance of gaining consent from people before delivering their care or treatment. Where people were not able to give informed consent, staff and the manager ensured their rights were protected.

People have enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity. Staff made sure that people who became unwell were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Staff understood and responded to people's preferences and needs so that they could engage meaningfully with people. The service offered people a chance to take part in activities and pastimes that were tailored to their individual preferences and wishes. Outings and outside entertainment was offered to people, and staff offered people activities and supported them on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives told us that they were confident that any complaints they made would be addressed by the manager.

The service had good leadership; the providers both worked closely with the staff and monitored the quality of care. There were effective quality assurance systems in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff had received training in how to recognise abuse and report any concerns, and the provider helped to maintain people's safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

Risks were minimised to keep people safe without reducing their ability to make choices.. Each person had an individual care plan which identified and assessed risks to them.

The service managed and stored medicines properly.

Good

Is the service effective?
The service was effective.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) were understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

Good

Is the service caring?
The service was caring.

Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity was maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Good

Is the service responsive?
The service was responsive.

People's choices and preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked as a team.

The providers had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary.

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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 20 November 2015 was unannounced. The inspection team consisted of two inspectors.

During our inspection we observed how the staff interacted with people who used the service, including during their lunch. We used our Short Observational Framework for Inspection (SOFI) tool. The SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, the manager completed a Provider Information Return (PIR). 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.

In advance of our inspection we looked at information we hold about the service this includes any notifications received about or from the home, a notification is information about important events which the provider is required to send us by law. We also reviewed local authority quality monitoring reports.

We spoke with seven people who used the service and three of their relatives and other visitors. We also spoke with both of the providers, one of which was also the registered manager. We spoke with four care staff team that were on duty and we also spoke with one healthcare professional. We reviewed five people's care records, four staff personnel and training records, and records relating to the management of the service such as audits and policies.

Good

Is the service safe?

Our findings

During our last inspection on 31 January 2015 we found that risks to people's health and welfare were not always assessed and managed appropriately. During this inspection we found that risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence as much as possible. For example the risk of falling, we saw there was guidance for staff on what support people required to reduce the risk. Specialist equipment, such as bedrails, were used where it was felt necessary.

During our last inspection we found that people were not protected from the risk associated with being cold. During this inspection we found that the service was comfortably warm in all areas. People told us that they felt comfortable and warm. One person told us that the home was comfortably warm, including their bedroom but commented that it was, "Sometimes cold." For example when the side door was open. Another person told us, "I feel much better, it's good not being cold at night." The manager had placed thermometers in people's bedrooms and other strategic places in the service so that staff could monitor the temperature in the rooms and adjust it to suit individual needs and preferences.

We also noted on 31 January 2015 that the lights in the corridors upstairs were off, as were some of them on the downstairs corridors, this may increase the risk of people tripping as they may not see hazards in poor lighting. During this inspection we found that the providers had installed electrical light sensors, which automatically turned the lights on when they detected movement. This meant that corridors were now safely illuminated when people were using the stairs and corridors.

During our last inspection we found that people were not safe because the staffing levels were not always sufficient to keep people safe. During this inspection there was sufficient staff on duty to keep people safe and protect them from harm. One person told us, "There are staff about if I need them." One relative told us, "my [relative] gets well looked after."

Staff told us they thought there were enough staff to meet people's needs throughout the day. One said, "There are enough staff normally, it's more difficult if people go sick at the last moment." One person mentioned that there had been some staff turnover since our last inspection, but confirmed that the providers made sure there were always enough staff to look after people.

The manager told us that they felt the staffing levels were now good and that they had introduced a system to assess people's care needs and had staffed the service at a safe level. They said that they would increase the number of staff on duty if the assessments showed that more were needed. For example, someone may move into the service that had more complex needs and needed a higher staff ratio to ensure their safety.

On 31 January 2015 we found that medicines were not safely managed, which put people at risk of not getting their medicine at the right time or in a safe manner. During this inspection we found that the providers had taken action to ensure that medicines were managed properly.

People told us they got their medicines as prescribed, one person said, "I get my tablets." And another person told us, "I only have to ask for pain killers and they are there."

Processes were in place for the safe storage, ordering and administration of medicines. Staff told us they had received medication training and they were seen to be competent. There was a medication policy and procedure in place. We observed staff administer medicine and saw that they followed safe medicine practice, which meant that people received their medicines as prescribed.

The staff member showing us the medicines was confident in what they were doing. They told us they received training before they started administering and then were shadowed for a week by a more experienced member of staff. They said they received regular update training and assessments.

Records showed that staff had received the appropriate training to help them to administer medicines properly and were assessed to check they were capable of doing the task safely. The manager audited the medicines monthly and the dispensing chemist also visited the service to give advice on good practice and to carryout checks. When on duty, the manager sometimes did the medicine round, at which time they took the opportunity to check that the records were properly completed and medication was managed as it should be by the staff.

Good

Is the service safe?

Staff told us, and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They understood the different types of abuse and knew how to recognise them. Staff were able to tell us what action they would take if any form of abuse was suspected, they were clear who they would go to internally and also said they would go to the local authority safeguarding team if they needed to report a concern externally. Information was on display from the local authority detailing how to report a concern.

One member of staff said, "I would start by going to [the manager]." And another said, "There is info about who we can contact." Staff were also aware of the whistleblowing policy and said they felt that they would be supported and protected if they used the process.

The manager demonstrated an understanding of keeping people safe from abuse. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Good

Is the service effective?

Our findings

During our inspection on 31 January 2015 we did not find evidence that staff had received appropriate support to carry out the duties they are employed to perform. During this inspection we found that action had been taken to ensure that staff were supervised and supported to meet their individual needs. Records showed that staff received training and support to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities.

We found staff to be knowledgeable and skilled in their role. One staff member gave us examples of recent training, "I have had quite a bit of training and we had update training recently." We were told that care staff were being supported to gain industry recognised qualifications in care. This meant people were cared for by skilled staff, trained to meet their care needs.

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The registered manager had an understanding of both the MCA and DoLs and when these should be applied to the people who lived in the home, including how to consider their capacity to make decisions. No one at the service was subject to a DoLS. The registered manager told us that in the past there had been one person who had been identified as needing a DoLs and they had taken the necessary action.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives. A staff member told us, "I give people choices so that they can still make some decisions for themselves."

During our last inspection on 31 January 2015 we found that although people had sufficient to eat and drink, we felt that their mealtime experience was neither stimulating nor enjoyable. During this inspection we found that the providers had taken steps to improve people's eating experience.

People were asked if they preferred to sit at the dining table or if they wanted to have their meals and the dining tables had been cleared and so people were able to sit at a table to eat if they wanted to, several people were eating at the table during our inspection. In the providers information record, sent to us before our inspection the manager told us, 'We have enhanced our meal time experience ensuring we know people's preferences and ensure those that wish to eat at the table have an opportunity to mix and socialise during mealtimes.'

People told us that they enjoyed the food offered to them and had enough to eat. One person said, "I get enough to eat. If I want anything else I only have to ask." another person said, "We get a choice of food, I get what I like." We observed that people were not rushed to eat their food and staff offering choices of drinks to people and gently encouraging people to eat their meal.

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action. . For example, one person had been referred to the speech and language team (SALT) because they had problems swallowing their food and drink. People's weights were monitored so that staff could take action if needed. For example, they would increase the calorific content in food and drinks for those people losing weight or refer them to the dietician for specialist advice.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people's healthcare. People were supported to attend hospital appointments.

Good

Is the service caring?

Our findings

People told us that they felt well cared for and that staff were attentive to their needs. One person told us, "They [the staff] are my friends, they are so good to me." Another person said, "They [the staff] care about how I feel." A relative told us, "There is a warm and friendly atmosphere." And "The staff are friendly and helpful."

During our last inspection on 31 January 2015 we found that personal information about people was not always recorded and stored in a way that would protect people's privacy and dignity. During this inspection we found that people's care notes were stored in a locked cupboard and messages between staff about people's future appointments and needs were recorded in a message book that was kept in the office that was locked when not in use. This meant that people's private and personal information was protected from being accessed by other people.

Interactions between staff and people who used the service were caring and appropriate depending on the situation. Staff demonstrated an understanding of how to meet people's needs. Staff spoke with people during the day as they went about their work and did not miss opportunities for interaction. They spoke about people respectfully while passing information between staff.

Throughout the day we observed staff treating people in a respectful manner. People's needs and preferences were understood and the atmosphere was calm, staff engagement was positive and people and staff were comfortable in each other's company.

Staff spent time sitting in the lounge chatting, reading the paper to people and taking part in other activities with individuals. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. There was plenty of genial banter and laughs between people and staff.

The manager told us that people were involved in planning their care where they were able. One person told us, "I know about my care plan, they talk with me about it." Relatives told us they were included in discussions about their family member's care. One relative said, "I don't get here often, but they [the staff] let me know what's going on."

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. Any personal care was provided promptly and in private to maintain the person's dignity. One person said that it was a good thing that ladies could chose to have support with personal care from women carers if that is what they preferred.

We observed staff knocking on people's doors and waiting to be invited in before entering. Doors were closed during personal care tasks to protect people's dignity and we observed staff discreetly and sensitively asking people if they wished to use the toilet. One person told us, "They close the door so others don't see me in the loo, that's important."

Good

Is the service responsive?

Our findings

During our inspection on 31 January 2015 we found that people did not always have up to date care plans in place that identified their needs or how they would be met. Also there were not always preadmission assessments present in people's care records. One person did not have a care plan in place at all.

During this inspection care plans had been reviewed and bought up to an appropriate standard and assessments were in place. The manager told us that they had started carrying out a detailed preadmission assessment of needs, and that they had gathered information from a variety of sources such as social workers, health professionals, family and the individual.

We were told that for planned admissions, people were invited to visit the service and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they liked the service enough to move in.

The care plans we looked at reflected people's current needs and had been completely reviewed since our last inspection. They recorded people's individual interests and preferences. The care plans were now detailed enough for the carer to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent as in choosing their own clothes and maintaining personal care when they could. The service was receiving support to further improve their care records from the local authority quality and monitoring team.

During our last inspection on 31 January 2015 people told us that they did not get many opportunities to follow their interests or to take part in meaningful activities. During this inspection we found that the providers had taken action to support people in taking part in their preferred interests.

Residents meetings were held and the records showed that the provider discussed what people wanted to do in regards to activities and plans for the Christmas activities they had were putting together. This included a Christmas dinner that people's relatives were also invited to. The providers asked the people who used the service to offer suggestions for activities they would like to be put in place. During the meeting the manager told the people, 'We are all ears to listen to you and act on anyone's request or suggestion.'

Staff were giving one-to-one attention to people who used the service. People were playing dominoes and another staff member was chatting with a person about their photographs. Other people in the room were occupied, one was engaged in knitting and the other was watching the television. A staff member interacted with this person from time to time.

The manager told us that outside entertainers came to the service on a regular basis and staff took people to the local shops individually. Some people have joined the luncheon club at St Augustine's church which is just a short distance from the service. They meet monthly where people enjoy lunch and meeting other group members. The providers have also installed Wi-Fi so that people could have access to the internet. This has enabled people to keep in touch with family and friends through Skype, which they were assisted with by staff.

During our last inspection we noted that care notes were not regularly being recorded, some people's daily records had two day gaps in them. During this inspection we found that care notes were now being completed to a satisfactory standard. Meaning that a contemporaneous record of care and treatment was being kept, which kept staff informed of important changes to people's care needs and health.

During our last inspection in January 2015, we felt that the providers did not give people proper opportunities to voice their opinions. Since then the providers had changed the way that they consulted with people to get their views about the quality of service they received. The manager has changed the old 'resident and staff meetings and has put 'resident and relative meetings' in place. Meeting notes we saw showed that people's views were taken into consideration and there was evidence that changes have been made as a result of this. Examples included changes to meals and activities.

The manager told us that there were systems in place to seek people's views and opinions about the running of the service. They said that they had an 'open door policy' to promote on-going communication and discussion. We saw one of the providers talking with a visiting relative during our inspection, the relationship appeared relaxed and

Good

Is the service responsive?

open. People were asked to complete customer satisfaction surveys throughout the year to help to monitor their satisfaction with the service provided and to gather suggestions to improve the service. There were many positive comments. The results had been analysed and shared with people. There were similar systems in place to obtain the views of visiting health and social care professionals.

During our last inspection on 31 January 2015 we found that the provider was not dealing with complaints as expected. None of the people we spoke with were aware of any complaints procedure and although people and their relatives had told us that they had made complaints, none of them were recorded. During this inspection we found that the providers had procedures in place and had reminded people about the complaints procedure during resident and relative's meetings and had other systems in place for people to raise concerns without being identified.

There was a suggestion box available where people could post complaints, comments and suggestions. The complaints records had been combined with the compliments and comments file and we noted that no formal complaints had been made since our last inspection.

The complaints procedure was displayed openly around the service. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service.

People told us that if they had a problem they would speak with the staff or the manager. One person said, "I can talk to staff if I feel worried or have a problem." Another person said, "I have no complaints, I would speak with the manager if I did." A relative told us, "The owners are always around if I need anything done or if I have a complaint."

Good

Is the service well-led?

Our findings

During our inspection on 31 January 2015 we found that the providers did not maintain robust records or have a robust data management system in place. During this inspection any records we asked to see were produced without delay and were well ordered. Records that contained private and personal information were stored securely, meaning that people's privacy was protected.

Also during our last inspection, we found that the registered person failed to monitor the quality and safety of the services they provided. They had not identified areas that needed dealing with and had not taken action to safeguard people. For example, the providers had failed to take action when people complained that they were cold and they had not identified that staff were not following safe practice when administering medicines.

On this occasion we found that the service is well led, the providers had put a system in place to audit and monitor the service. The providers told us that, "There is now a focus on continual improvement and best practice to ensure the service is offering high quality care. For example, we have instigated resident's activities, interests and religion audits, individual staff and resident meetings are held and we generally seek opinions from residents and stakeholders. We have also reviewed our staff supervision and appraisal system and have hired an external company to assist. Our stored records are better organised and can be easily found due to proper filling."

Records showed that the audits had been completed as planned and that areas of improvement had been identified and action had been taken to rectify the issue. For example during a care plan audit it was noticed that people's identification photographs had not been updated, in some instances for several years, and they were now replaced with new photographs.

Staff told us that they were confident that the registered manager would deal with any issues they bought to their attention. Staff also confirmed that they received regular, meaningful and individualised supervisions with the manager, where they were able to express their opinions and to offer suggestions to improve the quality of the service.

As well as giving people annual quality assurance questionnaires, the provider had also asked people to complete focused surveys on several issues since our last inspection, on whether they wanted to eat at the dining table and what activities they would like They had also introduced separate staff and house meetings, whereas before they held joint 'resident and staff meetings which hampered free and open discussion between the two groups. Relatives were invited to attend the house meetings as well as the people who lived in the service. This showed that people and staff were asked for their opinion and were involved in developing the service.

The providers maintained a visible presence in the home; supporting people with their care needs while also reviewing what happened in the service on a daily basis and monitored staff performance. They spent time passing the time of day with the people who lived in the service, checking they were comfortable or if they needed anything.

People and visitors to the service told us that the registered manager made themselves available if they wanted to talk to them and felt that they would deal with any issues raised. One person told us, "[The providers] are always happy to talk if I need to discuss anything." A relative said, "I ask for something to be done and it gets done."

During discussions with the manager we established that they understood their responsibilities and they had kept us informed about important events which the provider is required to send us by law in the form of statutory notifications. Safeguarding referrals or events that disrupt the service, such as a lift being out of action. .

The environment and equipment were maintained to help keep people safe. Health and safety records showed that safety checks such as fire drills and essential maintenance checks, the lift and hoists for example, were up to date and regularly scheduled.