

Bupa Care Homes (ANS) Limited

# Warren Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Warren Lodge Care Home is a residential care home with nursing for older people, people who are living with dementia and people who need support to maintain their mental health. The service can accommodate 64 people on two floors. At the time of this inspection, there were 64 people living in the service.

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

People and relatives were involved in the decisions made about their care. An exception to this was, one relative who said they had not been contacted when the staff were reviewing their relative's care. They had contacted the home several times but were rarely called back. We have made a recommendation about the culture of the service in the well-led section of this report.

Quality assurance processes were in place to monitor the service and lessons were learned when things went wrong.

People in the service felt safe and were happy living there. Relatives said they thought their loved ones were safe in the service. One person said that their relative could be challenging but that the staff were "amazing" with him.

People were safeguarded from the risk of abuse and received safe care and treatment. One person said, "I can't fault the care, the care is unbelievable and the staff are incredibly patient". Another relative said, "I congratulate them. She is always clean, well looked after and well fed. They have the patience of Job."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 3 May 2019).

### Why we inspected

We undertook this targeted inspection to follow up on specific concerns we had received about the service. The inspection was prompted in response to a high number of safeguarding concerns. A decision was made for us to inspect and examine those risks. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from these concerns.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Warren Lodge Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Warren Lodge Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

This was a targeted inspection due to specific concerns we had about the number of safeguarding incidents reported. We will assess all of the key questions at the next comprehensive inspection of the service.

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection including notifications of incidents. We received positive feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 members of staff including the registered manager, two nurses, five health care assistants, an activity coordinator, receptionist, administrator and the maintenance person.

We spoke with four people living in the service, and six relatives of people who live in the service. We looked at four peoples' risk assessments, care plans and care records. We looked at records relating to the management of health and safety, infection control and key policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision data, care plan audit records, staff and relative surveys and records of communications with staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to explore the specific concerns we had about Warren Lodge Care Home. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained and were knowledgeable about safeguarding adults. They knew how to identify and respond to allegations of abuse. Staff were confident about reporting safeguarding concerns and confident they would be dealt with.

- Staff recorded and reported allegations of abuse to the appropriate safeguarding authorities.

Safeguarding records were completed and showed that staff cooperated with investigations. Outcomes were fully documented and included lessons learned.

- People told us they felt safe at Warren Lodge. Relatives felt their loved ones were safe. One relative said, "I can't fault their standard of care". Another relative said, "staff are so friendly, they really do care".

Assessing risk, safety monitoring and management

- Care plans and risk assessments were comprehensive and up to date. Staff told us that they knew where to find the care plans and risk assessments and that changes were communicated regularly at handover meetings by the nurses. One relative told us, "The staff clearly know her very well".

- When risks to a persons' health and safety had been identified steps had been taken to reduce them.

Examples of this were people being provided with low rise beds that made it easier and safer for them to get up and go to bed. Where bed rails were used, these were covered to prevent injuries to people.

- Risk management processes were in place to minimise restrictions on peoples' freedom and choice. Doors on the upper level were locked to prevent people from falling down the stairs, but people who could use the stairs were assisted to do so safely.

- People had been helped to avoid preventable accidents. Hot water was temperature controlled. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely. The home was equipped with a fire safety system which was regularly checked and staff had been given guidance on fire safety.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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

- The manager told us that they promoted an open-door culture. However, some staff said they would not always feel confident approaching the managers if they had any concerns. Support for staff from managers was inconsistent. In a recent staff survey only 59% of people would recommend their manager.
- Teamwork was good but not everyone felt that all staff were treated equally and fairly by the managers. This was supported by the results of the staff survey where only 54% of people felt fairly treated. Most people said that staff morale was either good or improving.
- The service used to have regular team meetings but these had been replaced with written communications since the start of the Covid-19 pandemic. This had limited the opportunity for two-way communication. Staff told us and records confirmed that supervisions took place regularly.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. This is so we can check that appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.

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

- The culture of the service was not always open and transparent. There had been no staff meetings due to the coronavirus pandemic which had limited the opportunities for staff to meet with colleagues and managers and feel engaged with the service. Some staff reported feeling undervalued.
- Some staff members felt that not all staff grades were treated equally and others said that care workers do not get enough praise or positive feedback.
- The provider had conducted a recent survey of people, but most relatives told us they had never been asked for any feedback by the provider. There was inconsistent feedback about how staff communicated with relatives. One relative told us, "Communication from the manager has been good". However, one person told us they rarely got a reply to emails and another said they had not had too much contact with the home. Despite this mixed feedback, most relatives thought the home was well managed.
- Community links with GPs, mental health teams and local authorities was effectively maintained.
- Care plans and risk assessments were reviewed at least monthly by nurses or senior care workers. The manager told us that relatives were involved in the reviews and conversations with relatives mostly supported this. However, some relatives did not feel as involved as they would have liked and have been disappointed by the lack of engagement.

We recommend the provider seeks advice and guidance from a reputable source about maintaining a positive culture.

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

- Monthly quality audits were done by the provider with action plans that are reviewed and monitored by the registered manager. The provider had an ongoing home improvement plan in place.
- There was a clear management structure in place and nurses and care staff understood their responsibilities to meet regulatory requirements. They had access to policies and procedures to help them consistently provide people with the right assistance.
- Daily meetings took place with a representative from all departments and managers to ensure that key information about people's safety and messages were shared in a timely way. Meetings were accurately documented. Department leads and nurses shared the information with their respective teams.