

Anchor Hanover Group

Warren Farm Lodge

Inspection report

123 Warren Farm Road
Kingstanding
Birmingham
West Midlands
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Ratings

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

Summary of findings

Overall summary

About the service

Warren Farm Lodge is a residential care home providing personal care and accommodation for 25 people aged 65 and over at the time of the inspection. The service can support up to 30 people in a purpose-built building.

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

People were relaxed and comfortable at Warren Farm Lodge and were complimentary of the care they received. Staff knew how to protect people from abuse or avoidable harm and were confident any issue they reported to managers would be addressed. Risks were managed appropriately and equipment had been regularly serviced to ensure it was safe to use. Staffing levels had been recently reduced in response to a reduction in the number of people using the service.

Staff were recruited safely and were sufficiently skilled to meet people's needs. Training was regularly refreshed and staff received regular supervision and support from their managers. The service was well maintained and all rooms had en-suite facilities and kitchenette areas. An extension of the service's lounge was planned to provide additional communal space.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff provided compassionate support and people's privacy and dignity was respected. Staff spent time chatting with people throughout the day and responded promptly to people's request for help.

Care plans were accurate and up to date. They provided staff with sufficient guidance to ensure people's needs were met. Care plans also included details of people's life histories to help staff understand how the person's experiences could impact on their current support needs. People were supported to engage with a range of activities and relatives were encouraged to visit.

The staff team were well motivated. They told us their managers were supportive, approachable and fair. There was registered manager in post and appropriate systems in place to support staff outside of office hours.

Quality assurance processes were appropriate, and people's feedback was valued and acted upon. All incidents were investigated to identify areas of learning or where improvements could be made.

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

Rating at last inspection

At our previous inspection the service was rated Good. (Published 23 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Warren Farm Lodge on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our safe findings below.

Good ●

Warren Farm Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Warren Farm lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 was supporting 25 people on the day of our 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 inspection

We reviewed information we had received about the service since the last inspection including notifications about significant events, inspection reports and information that had been sent to us by other agencies. We also reviewed 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.

During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with five members of care staff, the cook, deputy manager, the registered manager and a visiting health professional.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and staff training records were reviewed.

After the inspection

We asked the registered manager to provide us with various documents during the inspection and documents were reviewed following the inspection.

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. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed at Warren Farm Lodge and told us they felt safe. Their comments included, "I feel safe because there are people around me" and "If you fall or anything, they are there to look after you."
- People were protected from potential abuse and avoidable harm by staff that had completed safeguarding training and knew about the different types of abuse.
- The service supported some people to manage some aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

Assessing risk, safety monitoring and management

- Risks were identified and assessed. Care plans included guidance for staff on how to protect people from known risks while maintaining their independence.
- Lifting equipment had been regularly serviced and staff understood how to support people to move around safely. People told us, "I feel safe when I am assisted with having a bath" and "Since being here the care has helped me to get back my mobility I didn't have when I first came here."
- The environment was well maintained and fire fighting equipment had been regularly serviced. Emergency procedures were well understood and specific fire risk assessments had been completed in relation to the use of paraffin based creams.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff on how to identify when a person was becoming upset and guidance on how to provide reassurance and support.

Staffing and recruitment

- On the day of our inspection there were sufficient staff available to meet people's needs. However, staff, people and relatives all reported there had been a recent reduction in staffing levels. People's comments included, "I think that they are a bit short staffed at the moment" and "There is not enough staff, sometimes the girls are pushed." While staff told us, "With three [staff] it is that little bit harder, sometimes you feel rushed" and "With three it is not too bad. If there are a lot of appointments it can be a bit manic."
- A dependency tool had been used, in the week prior to our inspection, to review staffing levels and had established that three care staff were enough to support people's current needs.
- The registered manager recognised that this level of staffing was not ideal and was endeavouring to recruit additional staff and rostering four staff on duty when possible. Staff told us, "There is a lot of people

off sick and on leave at the moment", "They are recruiting more staff" and "I think they have three new staff about to start."

- Staff had been recruited safely and all necessary pre-employment checks had been completed.

Using medicines safely

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- Medicines were administered safely, and people told us, "I do have medication and they do not forget to give me, and they make sure I take it."
- Medicine Administration Records had been appropriately completed and topical creams had been dated on opening.
- Some people were prescribed as required medicines to help them to manage anxiety. Protocols were in place detailing the circumstances in which these medicines should be used and details of each use of these medicines was recorded.
- Medicines audits were completed regularly and where any errors occurred appropriate action was taken both to ensure people's safety and to prevent similar incidents reoccurring.

Preventing and controlling infection

- The service was clean and there were appropriate cleaning schedules in place to help manage infection control risks. People told us, "I think that it is very clean here and my room is very clean" and "They clean my room very well and I have had a new carpet. I chose the colour."
- Staff had completed infection control training and personal protective equipment was used to help prevent the spread of healthcare related infections. Hand gel was available to visitors at the entrance.
- The service's laundry room was appropriately laid out and there were procedures in place to minimise the risk of people's clothes being lost.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted and risks reduced.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed before they moved into the service to ensure their wishes and expectations could be met.
- Care plans were then developed by combining information gathered during the assessments process, with information provided by care commissioners and feedback from staff on the person's individual needs.

Staff support: induction, training, skills and experience

- People were confident staff had the skills necessary to meet their needs. One person told us, "I think that they know what they are doing when they look after me" while relatives said, "The staff seem to know what they are doing here."
- Records showed training was regularly refreshed and staff told us, "The training is a mix on in house and e-learning", "We do all sorts of training. It is always going on" and "We get training regularly."
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt sufficiently confident to provide support independently. One recently appointed staff member told us, "I was training for the first week and then shadowing for the next couple of weeks."
- Staff said they felt well supported and records showed they had received regular supervision.

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

- We received some mixed feedback from people about the quality of meals at Warren Farm Lodge and noted on the day of our inspection the two meal options were prepared to different standards. People's comments included, "The food here is sometimes good and other times not so good", "The food is very good and plenty, I can ask for more if I want" and "I have enough to eat and drink, I am never hungry".
- Care plans included details of the support people needed with meals alongside information on their individual likes and preferences. Staff supporting with meals were attentive and sat chatting with people while providing support.
- Kitchen staff had a good understanding of people's dietary requirement and training in the preparation of softened and pureed meals had been arranged for the week following our inspection.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. Where risks of dehydration or weight loss had been identified there were systems in place to manage these risks.

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

- The service was well maintained and decorated to a high standard. People told us they had chosen how their bedrooms were decorated and carpeted.

- Each person room included en-suite facilities and a kitchenette area with fridge. This enabled people to keep food in their rooms if they wished and some people had facilities for making hot drinks.
- The registered manager advised us that plans had been developed for the extension of the service's lounge in response to requests for additional communal space from people and their relatives. These works were scheduled to begin in the summer.
- Wifi internet access was available and a smart television were used by staff to facilitate activities in the lounge area.

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

- Care records showed appropriate and timely referrals had been made to external health professionals, including GPs and specialist nurses, when changes in people's needs were identified.
- People said they were able to see the doctor whenever they needed to. Their comments included, "The GP comes if we need and the optician comes annually, we go to the walk-in centre to the chiropodist if we want" and "If I need the doctor, the surgery is just across the road. And he is very good".

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

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

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

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

- People's mental capacity had been appropriately assessed. Where decisions were made on behalf of people who lacked capacity these had been made in the person's best interest with appropriate involvement of relatives and health professionals.
- Some people who lacked capacity were unable to leave the service independently because of the health needs. Managers had made appropriate applications to the local authority of the authorisation of these potentially restrictive care plans.
- Where DoLS authorisation had been granted the service had complied with all associated conditions.
- Where people had capacity to make decisions there were systems in place to enable their formal consent to care to be recorded.
- Some people's care plans included records of treatment decisions made by professionals during hospital admission when they did not have capacity to make these decisions for themselves. We discussed these records with the registered manager and following our inspection these decisions were reviewed with people, relatives and professionals.

Is the service caring?

Our findings

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

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

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

- There was a relaxed atmosphere in the service and staff were friendly and supportive. Staff knew people well and understood what was important to them. People told us, "I have a very good key worker who looks after me." Key workers were responsible to reviewing and updated people care plans and ensuring relative were kept informed of these changes.
- People were confident approaching staff to ask for help and staff responded promptly to people's requests. People told us, "The carers are friendly and caring; I can't fault them. I am treated with respect" and "The carers are very nice, there is no nastiness. They talk to you they are very kind and pleasant."
- Staff enjoyed spending time with the people they supported and took time to sit and chat with people throughout the day. One staff member told us, "I really love my job, it can be challenging but it is absolutely wonderful."
- One person became distressed during the inspection. Staff responded appropriately to this person's needs and offered additional reassurance and support. Managers had previously recognised that the service was struggling to meet this person's needs and arrangements for a prompt re-assessment of their needs by professionals to be made.

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

- People were able to choose how they spent their time and which activities they engaged with. People told us, "I have a choice, if I want to be downstairs or in my room" and we saw that some people choose to spent time in their own rooms while other preferred the service's communal spaces.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and ensured their dignity was always protected. People told us, "Staff do knock before entering my room."
- Some people choose to lock their rooms when they went out and staff respected this and sought the person's permission before entering their room. Confidential care records were stored appropriately when not in use.
- People were encouraged to remain independent and do as much as possible for themselves. Care plans

included guidance for staff on the level of support people normally required with specific tasks.

- Some people enjoyed visiting the local shops and community facilities with support from staff.

Is the service responsive?

Our findings

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

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

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

- Staff had a good understanding of people's individual needs and provided personalised care.
- Care plans were accurate and reflected people's current support needs. Records showed these documents had been reviewed regularly and amended where changes in needs were identified. Staff told us, "The care plans are all right. There is enough information in them" and "All the care plans are up to date."
- People and their relatives were appropriately involved in the care plan review process and told us, "I know about my care plan" and "I know of mums care plan and they have re-assessed her needs."
- Where significant changes in people's needs were identified the service had advised commissioners and relatives of these changes. The service worked collaboratively with professionals and relatives to develop appropriate strategies to ensure people's changing needs were met.
- Each person's care plan included a life history information which had been gathered from the person and their relatives. This provided staff with useful details of people's background, preferences, interests and hobbies. This information helped staff see each person as an individual and understand how life experiences could impact on current support needs.
- Staff completed accurate records each day of the support they had provided, activities people had engaged with, the person's mood and how they had chosen to spend their time.

Meeting people's communication needs

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

- Information detailing how to meet people's communication needs was recorded in line with current guidance. Staff knew how to communicate effectively with people in accordance with their known preferences.

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

- People were supported to participate in various activities throughout our inspection. In the morning there was a game of bingo in the lounge followed by a karaoke style sing along involving people and staff. People told us, "Aston Villa comes in to do exercises with us each week", "When the weather is nice, we do go out into the garden" and "Nice things happen here, we celebrate birthdays and anything that is special, and we

do activities."

- Staff told us, "We do activities every day", "There are enough activities. There is something going on morning and evening there is always something to do" and "We try to do things in the lounge and visit people in their flats." Games and jigsaw puzzles were provided to facilitate reminisce activities.
- People told us, "Visitors can come at anytime" and "Relatives can come at any time and I go to my daughter's every Sunday." Visitors were warmly welcomed by staff on arrival and people were supported to maintain relationships which were important to them.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise complaints and said, "If we do have a complaint, we can go straight to the office", "There is a lovely lady who comes around and if we have concern or complaint, they would look into it" and "If I have a concern I can speak to the manager in the office".
- The service had appropriate systems in place to ensure any complaints were addressed and resolved. People and relatives were confident any complaints they made would be addressed but reported that issues were not always immediately resolved.
- The service regularly received thankyou cards from people and their relatives. A recently received card read, 'Words alone can't say how much appreciated your kindness and love have been to [my relative] throughout her years with you.'

End of life care and support

- Working with professionals the service was able to meet people's needs at the end of their lives.
- People's wishes and preferences in relation to end of life care had been discussed and recorded. Where people had made decisions and choices in relation to how support should be provided at the end of their lives these decisions were respected.

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 Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were comfortable at Warren farm lodge and told us they liked living there. One person said, "I do like it here, when I was in hospital, they were going to send me to another home. I told them that I wanted to come back here. The manager came and had a talk with them and they let me come back to my old room."
- Relatives also spoke positively of the service and told us, "I like it here and I am happy that mum is happy here" and "It has been a breath of fresh air to find this care home. We feel lucky to have found this place."
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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

- The registered manager understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- Where significant events or accidents occurred, the service had submitted any required notifications to the commission.

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

- The service was led by a full-time registered manager supported by a deputy manager and an administrator. Managers provided effective leadership to the staff team and their individual roles and responsibilities were well understood.
- People knew the registered manager well and were confident any issues they raised would be resolved. They told us, "The staff and management are approachable" and "I know who the manager is, if I need her for something she will come. I don't see her otherwise, but she does come into the lounge."
- The staff team were well motivated and told us their managers were supportive. Staff comments included, "I get on well with the managers. I can go to them with any problems and they will help", "The manager is fair" and "[The registered manager] is lovely. Really approachable. All of them in the office are nice." A Professional told us, "The manager is brilliant. It is her life. She takes it very personally."
- Managers valued the staff team's commitment to meeting people's needs and their comments included,

"We are a good team. The staff are passionate" and "We just do the best we can for the residents, it is a real honour to work with them."

- There were appropriate quality assurance and auditing systems in place designed to drive improvements in the service's performance. Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.
- The provider had systems in place to support staff and management outside of office hours. The registered manager told us, "You can phone day or night and you can get hold of them" while staff commented, "There is always a team leader on duty."

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

- People and their relatives were regularly asked for feedback on the service's performance. Monthly coffee mornings were held to provide an opportunity for people and relatives to feedback comments to management. People told us, "We do have resident's meetings and they do ask my opinion." Staff told us the planned extension to the service's lounge had been developed in response to people's requests for additional communal space.
- Surveys were also completed regularly. Where any performance issues were reported, action plans were developed and reviewed to ensure these issues were addressed.
- Staff team meetings were held regularly and provided opportunities for staff and managers to discuss any issues or proposed changes within the service.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- All incident or accidents that occurred were investigated to identify any learning or areas in which the service's performance could be improved.
- The provider used a team of used 'secret shoppers' as an additional method to monitor the performance of the service. The report produced following the most recent assessment had been complimentary.

Working in partnership with others

- The service worked collaboratively with professional's and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified prompt and appropriate referrals for professional's support were made.