Barchester Healthcare Homes Limited

The Warren

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Warren is a 'care home'. People in care homes receive accommodation and 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 Warren is registered to provide personal care and accommodation for up to 44 people. At the time of the inspection there 42 people living in the home. The home is purpose built and accommodation is on one floor. Communal areas include a number of lounges, a dining room, a conservatory and a hairdressing salon.

This unannounced inspection was carried out on 18 June 2018.

At the time of the inspection there was not a registered manager in place. However, a new manager had been appointed and planned to apply to become registered with the Commission when they commenced working in the home. 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.

At the last inspection in February 2017 the service was rated requires improvement. We asked the provider to make improvements to reducing risks to people, safe administration of medicines, ensuring people receive the support they required in a timely manner. We also asked them to ensure that there was effective monitoring of the quality of the service being provided.

At this inspection we found the provider had made the required improvements and the service is now rated as Good.

Staff were aware of how to keep people safe from harm and what procedures they should follow to report any harm. Action had been taken to minimise the risks to people. Risk assessments identified hazards and provided staff with the information they needed to reduce risks where possible.

Medicines were managed safely. Staff received training and competency checks before administering medicines unsupervised. Medicines were stored securely. The records were an accurate reflection of medicines people had received.

Care plans gave staff the information they required to meet people's basic care and support needs. People received support in the way that they preferred and met their individual needs.

There was an effective quality assurance process in place which included obtaining the views of people that lived in the home, their relatives and the staff. Where needed action had been taken to make improvements to the service being offered.

Staff were only employed after they had completed a thorough recruitment procedure. Staff received the training they required to meet people's needs and were supported in their roles.

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 and worked within the guidance of the Mental Capacity Act 2005.

Staff were motivated to provide care that was kind and compassionate. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were respected.

People were supported to maintain good health as staff had the knowledge and skills to support them. There was prompt access to external healthcare professionals when needed.

People were provided with a choice of food and drink that they enjoyed. When needed staff supported people to eat and drink.

There was a varied programme of activities including activities held in the service, trips out and entertainers that came into the home.

There was a complaints procedure in place. People and their relatives felt confident to raise any concerns either with the staff or manager.

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 safe

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Medicines were mainly managed safely.

Staff were only employed after a through recruitment procedure had been completed.

Is the service effective?

Good

The service was effective

People received support from staff who had the skills and knowledge to meet their needs.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Staff were acting in accordance with the Mental Capacity Act 2005. People's wishes, choices and decisions were respected.

Is the service caring?

Good

The service was caring

People liked the staff and thought they were caring.

People were treated with respect and staff were aware of people's likes and dislikes.

People's rights to privacy and dignity were valued.

Is the service responsive?

Good

The service was responsive

Care plans provided guidance for staff on how to meet people's needs.

People were aware of how to make a complaint or raise any concerns.

People were supported to make decisions about their preferences for end of life care.

Is the service well-led?

Good

The service was well led

There was an effective quality assurance process in place to identify any areas that required improvement.

People were encouraged to provide their views through surveys and regular meetings.

The Warren

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 18 June 2018 and was unannounced. The inspection was carried out by two inspectors 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.

Before our inspection we reviewed the information we held about the service. We reviewed notifications the registered provider had sent us. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with eight people who lived at the service, one relative, the operations manager, the deputy manager, the operational director, the daily activities coordinator, a kitchen assistant and hostess, the head housekeeper, one care assistant and two senior care assistants.

We looked at the care records for four people and records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how people were cared for in the communal areas.

Good

Is the service safe?

Our findings

At our previous inspection on 22 and 23 February 2017 we found that improvements were needed to ensure that people received the care and support they required in a timely manner. During this inspection we found that there was enough staff to keep people safe however further improvements were needed to ensure that people always received the care and support they required in a timely manner.

Staff told us they had adequate time to assist people with activities such as personal care, administration of medication and assistance with eating and drinking. Staff stated that they would like to have more time to sit and chat with people. The staffing tool used to determine the number of staff needed for each shift was based on the dependency levels of the people living in the home. The dependency levels were regularly reviewed to ensure adequate staffing levels. The operations manager stated although the staffing tool gave a recommended number of staff hours if they needed more they could put a case to the operations director. They stated that the request for extra hours had always been authorised.

Although people told us there was normally enough staff to meet their needs they did not always feel that call bells were answered in a timely manner. We discussed this with the operations manager, the deputy manager and operations director. They were aware of the issue as it had been raised with them by people living in the home and they were currently trialling a new system to alert staff using pagers when people needed assistance. The operations director stated that the new system was being monitored and if it was not successful they would be having a new system installed. The operations manager and director felt that the issue was with the call bell system and that the number of staff deployed with appropriate to meet people's needs.

At the previous inspection on 22 and 23 February 2017 we found that improvements were needed to ensure that risks to people were assessed and action was taken to reduce risk where possible. At this inspection we found that risks to people had been assessed and where possible reduced. We found the risk assessments to be detailed and that they contained the information the staff required so that they were aware of what action they should take to minimise any risks. For example, one person was at risk of falling when walking independently, so a pressure mat was placed by their bed to alert staff if they got out of bed. This meant that staff could go to the person's bedroom and assist them to walk safely.

At the previous inspection on 22 and 23 February 2017 we found that improvements were needed to ensure that people's medicines were managed safely and people received their medicines as prescribed. During this inspection we found that the necessary improvements had been made.

Staff confirmed that they had completed training in the administration of medicines and that senior staff regularly checked their competency in this area. The medicines were stored securely. Senior staff checked that the temperature in the storage area was within the required safe limits to retain the effectiveness of the medication. We found that the medication administration records tallied with the amount of medication in stock. The operations manager regularly audited the management of medicines to ensure that people were receiving their medicines as prescribed. One person told us, "[Staff] give me my tablets and make sure that I

take them." Another person told us, "I do all my medication myself." Risk assessments had been completed for self-administration of medication. Some people were prescribed medication on a "when needed" basis. Staff had access to protocols advising them of when to administer this medication. One person told us, "I don't take any tablets except when I need some pain relief, when they give me some paracetamol. They always check to see if I need some each time they do the round."

People told us that they felt safe living at the home. One person told us, "I do feel safe here and have every confidence with everyone here, both staff and residents." Another person told us, "I do feel safe here. Everybody is so helpful and pleasant." A third person told us, "I feel absolutely safe here and have nothing to worry about."

Staff demonstrated a good understanding of how to safeguard people, recognise signs of harm and what to do if they had concerns. Staff told us and the records confirmed that they had completed training in safeguarding people from harm and this was also discussed during supervisions and team meetings.

Staff were following the provider's accident reporting procedure. Staff completed information about accident's and incidents on a paper form which was then reviewed and entered into the computer. The deputy manager reviewed the information to ensure any necessary investigation was completed and if needed any action taken to prevent a reoccurrence. The operations director also had access to the information and reviewed it daily to ensure the correct action had be taken in response to the accident/incident. This information was also used to identify and themes or patterns so that action could be taken if needed. We discussed a recent incident with the deputy manager and they showed us the action they had taken to prevent a recurrence. The learning from the incident had been shared with staff individually and during the staff meeting.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included water, building maintenance and equipment checks. Maintenance staff regularly checked that the fire alarms and emergency lighting to ensure they were working. Contingency plans were in place in case the service needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to staff and the emergency services in the event of an evacuation. Staff confirmed that they had been involved in fire drills.

There were effective recruitment practices in place. Prospective new staff had to complete an application form and attend a face to face interview. Staff confirmed that they were only employed after they completed pre-employment checks including references and checks for criminal convictions with the Disclosure and Barring Service.

There was a prevention and control of infection policy and statement in place. Infection control audits were regularly carried out. The most recent audit had identified areas for improvement which had had been signed off as completed. Staff had completed training in prevention and control of infections. Staff confirmed that personal protective equipment such as gloves and aprons was readily available and used when assisting people with personal care. The head house keeper told us that there was a cleaning schedule in place which they checked had been completed correctly. One relative told us, "The home is very clean which they should be proud of." We found the home to be clean and free from any offensive odours during our inspection.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that when appropriate people had best interest meetings and decisions in place. This meant that any restrictions were only placed on people when it was appropriate and lawful to do so to keep them safe.

People's needs had been assessed in detail before moving into the home. This helped to ensure that the home was suitable for them and provided staff with the information they needed to write people's initial care plan. People's physical, mental health and social needs were all assessed.

Staff training was planned to ensure that they had the skills required to meet people's individual needs. For example, staff had completed training about understanding dementia. Staff also requested information about people's life history so that they could plan people's care in a person centred way.

Staff told us that they felt supported in their roles. New staff had received four days classroom based training, followed by two weeks of shadowing more experienced staff. Nine members of staff had been supported to complete an NVQ in health and social care. Staff confirmed they received regular one to one session with a line manager. Staff received regular supervisions and appraisals when applicable.

There were three staff dignity champions in the home. Their role was to promote people being treated with dignity at all times by identifying any areas when staff needed help to achieve this and offering them support and guidance.

We observed people's lunchtime experience and saw that people received the help and support they needed with eating and drinking. Staff were aware of the level of support people needed and this meant that people were independent when possible but staff would help when needed. When needed staff assisted people at a relaxed rate that suited the individual. People could choose where they wanted to eat their meals. People told us they enjoyed their food. One person told us, "The food is good and you can ask for what you want. They already know what I like." Another person told us, "The food is a bit variable, sometimes good and sometimes less so." Some people chose to eat in the dining area, others had their meals in the lounge or their bedroom. The home catered for special dietary needs such as diabetes or the need for soft food to prevent choking.

The manager and staff had formed links with other professionals so that if people moved between services care was carried out in a timely, planned and consistent way. The manager also stated that they had accessed the local authority training to provide staff with extra training.

Discussion with people and records showed that people had been supported to access health care professionals as needed. The local GP held a surgery in the home once a week. One person told us, "I can always see the doctor if I want to as he comes on a Tuesday afternoon." Staff told us if needed they could also request doctors visits at other times. When needed, staff supported people to arrange appointments with any healthcare professionals such as a GP, chiropodist or physiotherapist. One person told us, "The doctor comes each week and if I need to see him I just need to ask. The chiropodist comes each month and they have arranged for me to see a dentist in the home instead of having to travel to one." Another person told us, "I only have to ask and they will arrange it (healthcare appointments)for me. I have also seen the chiropodist recently which has made my feet feel more comfortable."

The building was all on the ground floor and people could access their bedrooms and communal areas in the home and the garden. There was an area in the home that was used for activities such as art and craft. Health and safety checks for the building and equipment had been completed as necessary to ensure it was a safe place to live and work.

Good

Is the service caring?

Our findings

At the previous inspection on 22 and 23 February 2017 we found that improvements were needed to ensure that people were always way treated with dignity and respect. During this inspection we found the necessary improvements had been made.

One staff member told us that they promoted people's dignity and privacy by always ensuring that bedroom doors and curtains were closed before they assisted people with any personal care. We observed staff knocking on bedroom doors before entering and ensuring that bathroom doors were closed before assisting people with personal care. One person told us, "They do ask before they start anything for me particularly when it comes to doing personal care. The manager came to care for me the other day and made sure that she followed all the procedures and asked if I was happy with what she was going to do." Another person told us, "They always make sure that they ask my consent before they do any personal care for me and make sure I am happy with it." Personal information about people was held securely so that it was only accessible to staff or visiting healthcare professionals as required.

The management team had observed staff working both during the day and at night to ensure people were receiving the care they required and that people's dignity and privacy was upheld.

All the people and their relatives we spoke with said that staff worked hard and were kind, caring and respectful to them. One person told us, "The staff are all very pleasant and you never hear anybody raise a voice. They are always smiling which makes it a much happier place. I have a really good relationship with some carers who always seem to have time for a short chat." Another person said, "They are all very good at asking if I am happy with what they are doing for me and always do it with a smile on their face." A third person said, "They are very caring here. Most things you ask for they will get or try and do it for you."

Staff knew people well and were aware of how they preferred to be supported and what their likes and dislikes were. One person told us, "They (the staff) always ask before they do anything for me to make sure I am happy with it." Staff told us how they tried to encourage people to make choices such as what time they would like to get up, where they would like to sit and what they would like to do. One staff member told us that they encouraged people to take part in activities they would enjoy. For example, one person used to be a train driver on the Flying Scotsman so they were supported to go and visit it. One person told us, "They always ask me if I am happy for them to do things for me and they use my first name, which I like as it makes me feel at home." Another person told us, "They always ask if I am happy with what they are doing for me, particularly when they have to wash me."

Relatives told us they were welcome to visit the home whenever they liked and were always made to feel at home. The staff told us that visitors were always offered drinks and were welcome to stay for meals with the family members. Relatives were also invited in to share special occasions with their family members such as birthdays and Christmas.

Staff helped people to maintain relationships with people and family members important to them. One

member of staff accompanied a person to their relatives wedding so that they could attend. The manager also arranged for a hairdresser to come in especially so the person could have their hair done before going to the wedding.

One person told us, "They (the staff) have a lot of patience and always very polite and use my first name which I like." Another person told us, "They (the staff) are all very good at asking if I am happy with what they are doing for me and always do it with a smile on their face."

Staff were also aware when people had lost loved ones and gave them the support they needed. One person told us, "They were very good at helping me cope with the loss of my partner. I was late for breakfast one day, but they made one especially for me."

Information regarding advocacy services was available to people if they required it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

At the previous inspection on 22 and 23 February 2017 we found that improvements were needed to ensure that people received person centred care. During this inspection we found that the required improvements had been made.

People's care plans were detailed and included the majority of the information that staff required to meet people's individual needs. However, some care plans needed updating with current information when people's needs had changed. Staff were aware of the current information and were supporting people with the right care. One person told us, "I think they do know what I like and what I don't like given the number of years I have been here." Care plans included information about people's medical conditions and what staff needed to be aware of. For example, for a person with diabetes the care plan advised staff of the signs and symptoms that the person was becoming unwell.

People told us that they were involved in their assessments, care planning and reviews and that staff supported them in the way they preferred. One person told us, "In the short time I have been here they have got to know how I like things done and the things I like."

People spoke very positively about the activities and trips provided for people to take part in. One person told us," I have had a couple of trips out and I like to go into the garden which is lovely. They don't mind you potting up plants, which is real fun." Another person told us " I have been out on some of the trips. One I really enjoyed was a trip on the Broads by boat which was great fun." There was a weekly activities schedule displayed around the home.

The daily activities coordinator told us that that talked to people when they moved into the home to find out if they had any hobbies or interests. This meant that they could provide activities that they knew they would be interested in and enjoy. For example, people told us that they enjoyed gardening. There were several raised beds that had been used for growing vegetables but some of the people living in the home requested planting some of them with flowers. They had been supported to do this and enjoyed watering the flowers daily. People were also asked where they would like to go on trips and if possible, this was arranged. For example, some people had been to the seaside for fish and chips.

During the inspection we saw that one of the lounge areas had been decorated to celebrate the world cup and a bar had been purchased so people could have drinks whilst watching the matches. We also saw the daily activities coordinator taking time to sit with one person and discuss a television programme that they both enjoyed.

There was a complaints policy in place that people were aware of. Staff were aware of what action to take if any complaints were raised with them. The operations manager told us that the home had not received any formal complaints during the last year. One person told us, "I have no reason to complain. I am pleased to be looked after and not have to worry." Another person told us, "They would soon find out if they did something I didn't like. I have no complaints, everything is fine for me."

People's preferences and choices for their end of life care was discussed and respected. The operations manager told us that one of their aims since being in post had been to ensure that people received care and support based on them as a person and this included end of life care. For example, one person had become unwell and their family were not able to get to the home so staff had taken it in turns to sit with them. One member of staff had sung songs to the person that they knew they liked and the deputy manager said the person's face "had lit up." People were supported to have a dignified and pain free death. There were strong links with local health professionals so that when needed they could provide the necessary support. One compliment received by the home stated, "[Name of person] was never allowed to suffer any pain and you ensured [name of person] was clean and everyone went out of their way to ensure they were never left on their own for long." There was a remembrance garden in the grounds where people could go to pay their respects to people that had lived in the home.

Good

Is the service well-led?

Our findings

At the previous inspection on 22 and 23 February 2017 we found that improvements were needed to ensure that effective systems were in place to improve the quality of the service. During this inspection we found that improvements had been made to ensure that areas for improvements were identified and action was taken in a timely manner.

There was an effective quality assurance system in place to ensure that, where needed, improvements were identified and made in the home. The operations manager and other staff carried out daily, weekly and monthly audits on the quality of the service provided. Audits covered a number of areas including medication, health and safety, environment, care plans, personnel files and infection control. Where improvements were identified either internally or by other agencies the homes actions plans were shared with people so that they were aware of how they would be met. Daily meetings with the heads of departments within the home were held to ensure that all staff had necessary information and any concerns could be shared. The operations manager carried out a "daily walkabout" to talk to people, and identify any improvements or changes needed. One person told us, "I think the place is well organised and the managers do listen to what we have to say."

The operations manager and operations director monitored the training matrix to ensure all staff have completed what the provider considered to be mandatory training. This was to ensure staff had the knowledge and skills they required to carry out their role effectively.

General staff meetings were held regularly. Staff told us that they could add to the agenda and any suggestions they made were discussed and acted upon. One staff member told us, "We are encouraged to have input into the meeting." The "policy of the month" was discussed during team meetings so that all staff were aware of procedures that should be followed. Health and safety, nutritional and quality and clinical governance meetings were also held regularly to identify any concerns and suggest ideas for improvements

At the time of the inspection there was no registered manager in place. A new manager had been appointed and was due to start working in the home the following month. There was an operations manager and deputy manager in post who was being supported by other registered managers (for the same provider) and the operations director to manage the home. The feedback received about the management team was extremely positive from staff, people living in the home and their relatives. One person told us, "The [deputy] manager is very polite and knows how to treat you." Another person told us, "I have not known the [deputy] manager long but I think she does a good job. She laughs a lot which makes me smile and brings a bit of sunshine into the day." One member of staff told us, "[Name of deputy manager] is fantastic she always has the best intentions and has given the home more stability and structure." Another member of staff told us, "[Name of deputy manager] is super approachable and wonderful – we now have clear directions of what is happening."

There were clear lines of accountability and staff told us that they knew who to talk to with any issues they may have. The deputy manager told us that there aim had been to ensure that staff were more involved in

people's lives and they made it clear what the expectation of staff was. Staff had been held accountable if their work did not match the expected standards. Staff were dedicated to the jobs and told us that they enjoyed working at the home. One member of staff told us, "I would have my relative here, it's the best place I have worked at."

Staff excellence was celebrated and the home had an employee of the month with nominations coming from other staff members and people living in the home and their relatives.

Staff understood the term 'whistleblowing' and felt confident using the whistleblowing procedure. This is a process for staff to raise concerns about potential malpractice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Providers of health and social care are required to inform the CQC of certain events that happen in or affect the service. The provider had informed CQC of significant events. This meant we could check that appropriate action had been taken. The operations manager had also shared significant information with other agencies such as safeguarding teams and care managers. This ensure that they could work in partnership to provide people with joined up care.

People were encouraged to share their views about the care and support they received. A residents' ambassador had been chosen from and by the people living in the home. Their role was to share people's views with the managers. They told us, "I love helping put people's views to management. We were supported to purchase a new television." Regular residents' and relatives' meetings were held so that people could share their views. We saw that people had discussed activities, food and any other issues they wished to raise. The minutes of the meetings showed that previous action points were reviewed at the next meeting to ensure appropriate action had been taken in a timely manner. During one meeting people had requested a Chinese food evening. People were given the choice of it being cooked in the home or bought in from a local take away. People then got to choose the dishes they would like ordered from the menu and the success of the meal was discussed at the next meeting. One person told us, "We do have monthly residents and relatives meeting where we can raise things or make suggestions. We also get a questionnaire on a regular basis to see what we think of things." Another person told us, "We have a resident/relative meeting every month where we can air our views which is very good and does bring about change. An example of that was changing some of the vegetable beds in to flower beds. They are much prettier."

Links with the community were encouraged by holding events to bring people into the home such as summer fetes and Christmas fairs. People were also supported to use local facilities such as restaurants and shops.