

Claremont Care Services Limited

Warrengate Nursing Home

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

About the service

Warrengate Nursing Home is a 'care home' providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

Warrengate Nursing Home accommodates people in one adapted building over two floors.

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

People continued to be protected against the risk of abuse as staff could identify, respond to and escalate suspected abuse. Robust risk management plans in place, protected people against avoidable harm. The manager deployed sufficient numbers of staff to keep people safe. People's medicines was managed safely. People were protected against the risk of cross contamination as there were clear infection control measures in place. The provider was keen to learn lessons when things went wrong.

People continued to receive support from staff that reflected on their working practices and undertook regular training to enhance their skills and knowledge. People were supported to access sufficient food and drink that met their dietary needs and preferences. People had access to healthcare professional services to monitor and maintain their health and well-being. People's spiritual and cultural needs were respected and catered for.

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.

People confirmed they were treated with respect and had their dignity promoted. People were encouraged to maintain their independence where safe to do so. Staff were observed being respectful of people's decisions and encouraged them to share their views.

Care plans were person-centred and regularly reviewed to reflect people's changing needs. People continued to be encouraged to participate in both in-house and external activities. People were supported to access information in a way they understood in line with the provider's accessible information standard. Complaints were managed swiftly to reach a positive outcome. People's end of life wishes were documented.

People spoke positively about the manager and confirmed the service was well-led. The acting manager carried out regular audits to drive improvements. Partnership working was important to the acting manager in order to ensure people received good care and support.

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

Rating at last inspection

The last rating for this service was 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 Warrengate Nursing Home on our website at 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Warrengate Nursing 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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The first day of the inspection was carried out by one inspector, an Expert by Experience and a Specialist Advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Specialist Advisor was a registered nurse. One inspector completed the inspection on the second day.

Service and service type

Warrengate Nursing Home 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.

At the time of the inspection the manager had applied to become registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. We let the provider know we would be returning the second day.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from healthcare 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 ten people who used the service, four relatives and the G.P about their experience of the care provided. We spoke with 14 members of staff including, kitchen assistants, activities coordinator, care workers, a team leader, the head of care, registered nurses, the clinical lead, acting manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 10 people's care records and multiple medicine records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and the policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records relating to the management of the service, including, activities records and updated training matrix.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I feel safe because all the staff are very friendly." Another person told us, "I'm safe as it's like one big family."
- People continued to be protected against the risk of abuse, as staff received on-going safeguarding training and knew how to identify, respond to and escalate suspected abuse. Staff were confident that the manager would take immediate action, however, confirmed they would whistleblow should this not be the case.
- The manager understood their responsibilities in notifying the relevant healthcare professional services of suspected abuse in a timely manner.

Assessing risk, safety monitoring and management

- People continued to be protected from avoidable harm as the manager had developed robust and succinct risk management plans, to keep people safe. Risk management plans were regularly reviewed to reflect people's changing needs.
- Risk management plans gave clear guidance for staff to follow and covered, for example, behavioural support, eating and drinking, falls, mental capacity and moving and handling.
- Records confirmed through working with healthcare professionals, one person's frequency of incidents of behaviours that others may find challenging, had significantly decreased.
- Morning and afternoon handover meetings ensured any new identified risks or concerns were swiftly shared with all staff. This meant that people received safe and consistent support.
- The provider ensured staff carried out regular fire tests to keep people safe. Personal Emergency Evacuation Plans (PEEPs) were completed and gave staff clear guidance on how to ensure people would be safely evacuated in the event of an emergency.
- Records confirmed all maintenance issues identified were addressed in a timely manner.

Staffing and recruitment

- People continued to receive care and support from sufficient numbers of staff to keep people safe.
- One staff member told us, "Yes, I think there are enough staff employed here. There are 13 or 14 people on shift and there is a floater and a head of care. We use agency [staff] when there's staff sickness. We use the same agency staff so they are familiar; they know what the service users' needs are." Staff rotas confirmed what staff told us.
- The provider took appropriate measures to ensure robust pre-employment checks were undertaken to ensure only suitable staff were employed at Warrengate Nursing Home.
- Staff files contained, for example, two satisfactory references, photographic identification, completed

application form and a Disclosure and Barring Services (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.

Using medicines safely

- People's medicines were managed in line with good practice. Registered nurses administered medicines and had sufficient knowledge of the provider's medicines management policy.
- People's photographs were assigned to their medicines chart to ensure people received the correct medicines and as an additional safety measure. There were clear and appropriate systems in place to store and dispose of medicines. Clinical rooms were clean and medicines stocks and balances were accurate.
- There was a clear policy in place for the administration of homely remedies which registered nurses were familiar with. Stocks and balances of medicines were accurate at the time of the inspection.

Preventing and controlling infection

- People continued to be protected against the risk of cross contamination as the provider had a robust infection control policy in place and staff received on-going infection control training.
- One person said, "You only have to look around to see how clean everything is." A staff member told us, "There is an infection control policy. We are trying to improve our infection control, it's part of our improvement plan, to be more vigorous. We have protective clothing, gloves and aprons, sufficient disposal units and have increased our training on spillages. There's also more signage."
- The kitchen carried out daily opening and closing checks and had robust cleaning schedules in place.
- The manager was clear about how to manage an outbreak of norovirus should it occur in the home.

Learning lessons when things go wrong

- The service was keen to learn lessons when things went wrong, to minimise the risk of repeat occurrences. For example, accident and incident forms, were regularly reviewed and analysed by the manager and where appropriate an action plan was devised, and care plans and risk management plans updated.

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 the same. 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 continually assessed to ensure the care and support provided met their individual needs.
- Prior to moving into the service, a pre-admission assessment was undertaken by the service. This covered, for example a person's, communication, personal care and physical well-being, dependency levels, medicines, mobility and dexterity, food and drink, mental health and cognition.
- The pre-admission assessment then formed part of the care and support plans.

Staff support: induction, training, skills and experience

- People continued to receive care and support from staff that underwent regular training to enhance their skills and experiences. Training included, moving and handling, food hygiene, infection control, dementia awareness, safeguarding and the Mental Capacity Act 2005.
- Staff spoke positively about the training they received, for example, one staff member told us, "We learn a lot from the training, it has been very good." Staff also confirmed they could request additional training and where this would directly and positively impact on people at the service, the training was provided.
- Newly employed staff completed a comprehensive induction programme. One staff member told us, "I had a three-day induction, as I already had care experience. I was told I could have more induction and training if I felt I needed it. I shadowed various staff to get to know the residents."
- Staff reflected on their working practices through regular supervisions and annual appraisals. Supervisions covered, for example, review of work performance since last meeting, support needs, competency assessment and training needs.

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

- People confirmed they were satisfied with the food provided at the service.
- The assistant chef had a clear understanding of people's dietary needs and preferences. For example, he was able to tell us who required a specialist diet and people's individual preferences.
- During the inspection the assistant chef was observed meeting with people and offering them choices for lunch. Where people required additional prompting to help choose their meals, they were shown pictures of the food available to aid their decision making.
- We observed people being supported at lunch time and found staff were attentive to and catered to people's needs. There was a relaxed atmosphere.
- Notwithstanding the above, we identified that lunch time in the main lounge was rather stilted and that people didn't seem to be able to communicate with others easily, due to the lay out of the room. We shared

our concerns with the manager and nominated individual, who confirmed they had identified this, and this was being addressed in their building plans renovation which was due to commence in early September 2019. We were satisfied with their response and will review this at their next inspection.

Staff working with other agencies to provide consistent, effective, timely care

- A healthcare professional confirmed the service worked holistically with other healthcare professionals to deliver effective care and support.
- Guidance provided by healthcare professionals and stakeholders was acted on in a timely manner and care and support adjusted accordingly.

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

- At the time of the inspection, we identified the service was in need of refurbishment. The service had scheduled an update to the décor to help ensure the service was dementia friendly. The majority of the work had been commissioned to start in the beginning of September 2019; however, the dining area had almost been completed.
- People's rooms were personalised, and the service had created memory boxes placed on people's bedroom doors, that reflected people's preferences and life history.

Supporting people to live healthier lives, access healthcare services and support

- People confirmed they were supported to access healthcare services when required to ensure their health and well-being was maintained. For example, one person told us, "If I ask, the doctor will come. He comes every week and sometimes comes and talks to me." A relative said, "When [my relative] came here, they were aggressive and had severe behavioural difficulties. The G.P came and took them off all medication and there is calmness and contentment, and even the odd word and a smile."
- A healthcare professional said, "It's [the health monitoring at the service] good at the moment, they have good senior staff. They can correctly diagnose people before telling me. They are aware of changes to people's presentation."
- Records confirmed people were supported to access, for example, behavioural specialists, G.P and speech and language therapists.
- Staff confirmed they would raise any concerns about people's health and well-being to the nurse on duty immediately.

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.

- Staff had comprehensive understanding of their responsibility in line with legislation and were aware of the need to obtain consent before providing care.
- Records confirmed the provider had applied for DoLS where appropriate and conditions applied were clearly documented in people's care plans. The provider had a robust system in place to ensure applications were submitted in a timely manner.
- Where people did not have the capacity to make informed decisions, best interest meetings were held and documented.

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 the same. 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

- People and their relatives spoke positive about the care and support provided at Warrengate Nursing Home. One person told us, "I like the staff, they're all very friendly." A relative said, "The staff are charming; the nurses are wonderful." A second relative told us, "When [my relative] came here, I had some difficult down days. The staff were so kind as well as the administrative staff."
- Throughout the inspection we observed positive interactions between staff and people. People who required one-to-one support were provided with an allocated staff member to meet their needs. Staff knew the people they supported well and were fully aware of their individual needs.
- Staff were aware of the importance of supporting people whilst respecting their diverse needs and records confirmed they had received equality and diversity training.
- People continued to be supported to follow their faith should they so wish. People were encouraged to attend local places of worship, although this was also provided at Warrengate Nursing Home.

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

- People continued to be encouraged to make decisions about the care and support they received. One person told us, "Yes, I choose what to wear and what I want to eat."
- Throughout the inspection we observed staff members speaking with people, encouraging them to make decisions and respecting their decisions. For example, whether they wanted to participate in planned activities or spend time in other communal areas.
- Care plans clearly documented people's preferences and needs.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of the importance of encouraging people to remain as independent as possible, where safe to do so. One staff member told us, "We get to know people, observe them, and read their care plans. We have people here who want to do things for themselves, for example, lay the dining room table, help in the garden and do the laundry." A second staff member said, "We always try to support people to be independent, but we are there to support them. We ask them to try things first and if they can't, I will do it for them."
- Care plans clearly documented what people could do for themselves and what level of support they required to complete daily tasks.
- Throughout the inspection, we observed staff knocking on people's bedroom doors, seeking authorisation to enter before doing so.

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 the same. 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

- Care plans were person centred and gave staff a clear understanding of people's health, emotional, medical and physical needs and preferences. Care plans were devised in conjunction with the pre-admission assessment and regularly reviewed to reflect people's changing needs.
- The provider used an electronic system that enabled staff to complete tasks and record support provided remotely, which was then updated on to people's care plans centrally. They were also able to have access to people's care plans on the electronic system should they need to remind or familiarise themselves of people's specific care needs.

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.

- The provider had developed an accessible information standard policy, which gave staff clear guidance on how to support people to access information in a way they understood. For example, the policy confirmed people's communication needs were assessed during the pre-admission process; the service would facilitate assistive technology such as Braille, large print, British Sign Language interpreters, text phones and loop hearing systems.

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 continued to be supported to access activities that reflected their interests and social needs. A staff member told us, "I personally think the activities are nice and extremely therapeutic to people's needs. But, there is room for improvement and we have some ideas."
- The service had employed a full-time activities coordinator to develop the activities provided. Activities available included, for example, flower arranging, arts and crafts, elder dance and board games. The service also had use of a minibus, which enabled them to take people for meals out, shopping and on day trips.
- People were encouraged to maintain positive relationships with people that were important to them. Relative's confirmed they could visit at any time and care plans documented people's friends and relatives which enabled staff to speak with people about loved ones. During the inspection we observed people's relatives visiting.

Improving care quality in response to complaints or concerns

- The service had a robust complaints policy that identified the process people could expect when raising a concern or complaint. People confirmed they would raise any concerns and felt confident these would be addressed in a timely manner.
- The service had received six complaints in the last 12 months, all of which had been investigated fully and in line with the provider's complains policy.

End of life care and support

- Where possible, the provider had documented people's wishes in relation to their end of life care.
- End of life care plans detailed for example, what is important to them, where they wished to pass away, who they would like present, if they wished to be buried or cremated and other preferences. End of life care plans were reviewed regularly to reflect people's changing needs.

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 the same. 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, their relatives, staff and healthcare professionals spoke positively about the manager and nominated individual. A relative said, "The new manager is approachable and much more accessible and responsive than the previous manager." A healthcare professional told us, "I think [the manager] is very calm and collected, he's easy going with everyone. He never appears stressed or frustrated."
- Staff members told us there was a positive morale amongst the team and the manager was approachable and supportive. For example, a staff member told us, "[The manager] is the best. He has got the residents and staffs best interest at heart. He is willing to learn anything, and he embraces and tries anything to benefit the home."
- Staff were aware of the provider's visions and values for the service. At the time of the inspection the nominated individual confirmed they were working in consultation with staff members and people to update and amend the service values; and looked forward to hearing people's contributions.

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 manager and the management team were aware of their legal responsibilities in line with the Duty of Candour.
- People continued to be supported in line with the provider's visions and values.

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

- The manager carried out regular audits of the service to drive improvement within the service. Records confirmed audits included, for example, medicines management, staff files, maintenance, care plans, risk management plans and training. Issues identified during the audits were acted on swiftly to minimise the impact on people and the opportunity for repeat incidents.
- The manager was aware of their responsibility to submit notifications in line with legislation.
- The previous inspection rating was available on the provider's website.

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

- People's views continued to be sought to drive improvements. The manager sent six monthly quality assurance questionnaires to people, their relatives and staff to gather their views.

- We reviewed the completed questionnaires and found the majority of the comments received were positive. Comments included, 'The staff have always been helpful and patient with my relative. [They do] regular calls to check on my relative, which is really appreciated as he isn't the easiest person to deal with' and 'Very happy, our relative is having the best care possible.'
- The questionnaires were analysed by the service and found, 57.1% found the quality of care to be excellent and 42.9% were good. 100% stated they [or their relative] were encouraged to make a suggestion.
- Following the questionnaires being returned, the manager devised an action plan to address issues identified. For example, families were to be informed of any weight loss and this was to be documented.

Continuous learning and improving care

- There continued to be clear oversight of the service by the manager and nominated individual.
- Records confirmed the manager was proactive in responding to issues identified and ensured action was taken swiftly.

Working in partnership with others

- The manager was enthusiastic about developing relationships and working in partnership with stakeholders to drive improvement. A healthcare professional said, "I rely on [the service] to tell me what goes on and there is trust."
- Records confirmed the manager sought guidance and support from healthcare professionals and guidance given was then implemented into the care delivery.