HC-One Oval Limited

Warrens Hall Care 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

This inspection took place on 10 July 2018 and was unannounced. This was the first rating inspection of this service under the new provider, HC-One Oval Limited.

Warrens Hall 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.

Warrens Hall accommodates 40 people in one adapted building.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who had received training in how to recognise for signs of abuse and were aware of their responsibilities to report and act on any concerns they may have. Staff were aware of the risks to the people they supported and how to manage those risks. People were supported to received their medicines as prescribed by their doctor.

Systems were in place to ensure people were supported by a group of staff who had been safely recruited. Staff benefitted from an induction that prepared them for their role and training was provided to ensure staff were equipped with the necessary skills and knowledge to meet people's needs.

Staff were aware of people's dietary needs and preferences and people were supported to maintain a healthy diet. People were supported to maintain good health and were provided with access to a variety of healthcare services. People had access to plenty of fluids during the hot weather.

Staff obtained people's consent prior to offering support. 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.

Staff were described as kind and caring and were happy with the care they received. Staff treated people with dignity and respect and supported people to make decisions regarding how they spent their day. Staff made time to acknowledge people and pass the time of day. People were encouraged and supported where possible, to retain their independence.

People were involved in the development and review of their care plans and their views were respected. Staff knew people well and what was important to them. Families felt welcomed into the home and efforts were made to support and maintain relationships. There was a system in place to record and respond to any

complaints received and people were confident if they did raise concerns, they would be listened to.

The registered manager and new provider had worked hard to ensure the transfer of ownership had gone smoothly resulting in people speaking positively about this. The registered manager was well respected and staff felt supported and listened to. There were a number of audits in place to assess the quality of the service and drive improvement. People's views were also sought and taken on board and where concerns arose action was taken.

The provider had notified us about events that they were required to by law.

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 was safe.

People were supported by sufficient numbers of safely recruited staff. People felt safe and staff were aware of the risks to them and how to manage those risks. People were supported to take their medicines as prescribed. Where accidents and incidents took place, lessons were learnt and action taken.

Is the service effective?

Good

The service was effective.

Staff received an induction and training that equipped them for their role. People were supported to maintain a healthy diet and had access to a variety of healthcare services to meet their needs. Staff obtained people's consent prior to offering support.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring and treated them with dignity and respect. People were supported to make choices regarding their daily living and encouraged to retain their independence, where possible.

Is the service responsive?

Good

The service was responsive.

People contributed to the planning of their care. Staff were aware of people's likes and dislikes and how they wished to spend their days. People were encouraged to participate in activities they enjoyed. There was a system in place to report and act on any complaints received.

Is the service well-led?

Good

The service was well led.

People were complimentary of the registered manager and commented positively on the smooth transition to the new provider. Staff felt supported and listened to and worked well together as a team. Efforts were made to obtain people's feedback on the service received and there were a number of audits in place to assess the quality of the service provided.

Warrens Hall Care Home

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 10 July 2018 and was unannounced. The inspection was carried out by an 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.

We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback.

We spoke with the registered manager, the deputy manager, the regional quality director, two members of care staff, two nurses, the activities co-ordinator, the cook, the administrator. We also spoke with seven people living at the service and seven visitors.

We reviewed a range of documents and records including the care records of three people using the service, four medication administration records, two staff files, training records, accidents and incidents, complaints systems, minutes of meetings, activity records, surveys and audits.

Good

Is the service safe?

Our findings

People told us the felt safe and were happy with the care they received. One person told us, "I never felt uncomfortable with the staff" and went on to tell us that the weekly fire alarm tests made them feel safe. Another person told us that they felt safe when staff hoisted them and as a result of staff ensuring they had regular pressure relief, they had no bedsores. A relative said, "[Named staff] are very aware of mum's needs and her moods. That's reassuring" and another said, "[Person] has been here a long time. I feel they are safe. Staff know [person] and some have been here as long as them".

People were supported by staff who had received training in how to safeguard them from abuse. Staff spoken with were aware of their responsibilities when it came to recognising signs of abuse and actions to take should they have concerns. One member of staff told us if they thought someone had been the victim of abuse, "I would collect information, complete a bodymap, document what I'd seen, then report to the manager or deputy". Staff were aware of who to report concerns to in the absence of a manager being available. We saw where safeguarding concerns had been raised, they had been reported, investigated and responded to appropriately.

We saw that risks to people were assessed and regularly reviewed to ensure people were supported in the best way possible to keep them safe, without unduly causing a restriction to their lives. Staff were able to describe the risks to people they supported and how they managed thoses risks. For example, we were told of one person who was at risk of choking. The member of staff described how they supported the person in order to reduce this risk. They told us, "[Person's] food is pureed, but you have to ensure they are sitting up properly when you support them to eat. You need to take it slowly, small spoonfuls. If they start coughing, then stop. All the information you need is in the care plan". We observed when people were hoisted, staff carried this out safely, talking to the person and offering reassurance and following guidance as set out in the person's risk assessment. Where people had been identified as at risk of falling, information was gathered and referrals were made to the falls clinic. Where equipment was used to support people, routine checks were carried out to ensure it was fit for purpose and safe to use.

People, on the whole, told us they felt there were enough staff to support them. One person told us, "They've got it right [staffing]". Another person told us, "Not always [enough staff]. For their sakes I'd say not always. There's a lot to do getting people to a meal, or after a meal, getting them back. Sometimes people are sick but they cope very well". We observed staff respond to people's requests for assistance and call bells, in a timely manner. When people required hoisting, additional staff were available to support the person immediately. Relatives told us they felt there were enough staff and one observed, "They [staff] do work hard; always on the go. But an extra pair of hands would always be good". We discussed staffing levels with the registered manager. They told us there was a system in place to assess people's dependency levels which would be used to calculated staff hours. They told us, "[Dependency tool] is working for us; if I feel I need an extra staff member on shift I will do it as residents come first". The registered manager told us that due to a recent staff vacancy, agency staff had been bought in recently to cover the odd shift at night.

Systems were in place to ensure people were supported by staff who had been safely recruited. Staff told us

that prior to commencing in post, they were required to submit references and a Disclosure and Barring [DBS] check; this check would show if a prospective member of staff had a criminal record or had been barred from working with adults. This would decrease the risk of unsuitable staff being employed. We looked at the personnel files of three members of staff and found this to be the case.

People told us, and we observed, they were supported to take their medicines as prescribed by their doctor. One person said, "They [staff] keep an eye on you". We observed a nurse support a person to take their medication. This was done with respect and patience. The nurse explained to the person the name of the medication and what is was for, "it's for your aches and pains". The nurse stayed with the person whilst they took their medication and then signed the Medication Adminstration Record (MAR) to record that that it had been taken. Staff respected people's decisions on occasion, not to take their medication. A relative told us their loved one was "absolutely adamant" at times they wouldn't take their medication and that staff were aware of and respected this. Staff were also mindful of the need to record these instances and to observe people for any changes in their wellbeing. Staff told us that if a person repeatedly refused to take their medication, they would report it to the registered manager and speak to their GP.

We saw there were safe systems in place for the administration and storage of medication. We looked at the MAR of three people. We found that what had been signed for as being administered, and tallied with what was in stock. We saw daily audits took place which provided staff with the assurances that medication was being administered as prescribed. Where people were prescribed medication to be administered 'as required', protocols were in place to ensure this medication was administered in consistent circumstances. We spoke with staff regarding the circumstances in which these medicines would be administered and what they told us was reflected in people's care records.

We observed people were protected from the spread of infection and staff wore gloves and aprons when providing personal care. However, we did see plates of food being taken to individual rooms without any cover or protection on them to keep them warm or germ free. Cleaning schedules and rotas were in place and the home was supported by a team of housekeeping staff. Staff advised that personal protectice equipment [PPE] was available for them to use and we observed the home to be clean and odour free.

We noted where accidents and incidents took place, information was gathered for analysis and where appropriate actions were taken and lessons were learnt. For example, analysis had identified one person had suffered three falls in a month. In response to this a crash mat was put in place at the side of the person's bed and a sensor mat to alert staff to when the person got up in the night.

Good

Is the service effective?

Our findings

Prior to people moving into their home, people's needs had been assessed to ensure their care needs could be met. A relative told us, "We went through all the care plan and had a few meetings before [person] moved in. [Registered manager's name] is a nice lady, very helpful and supportive and always calls back if you ring her". We noted that initial assessments gathered information regarding peoples' personal care needs, medical history, dietary requirements, family history and personal preferences including whether they wished to be supported by male or female carers, if they had any religious or cultural needs and also their needs in relation to any protected characteristics under the Equality Act. Staff spoken with were aware of these preferences.

People told us they were happy with the care they received and they considered staff to be good at what they did. A relative told us, "[Person] has been here five years. No problems. Excellent care" and another relative said, "Staff go on a lot of training; they told us". Staff told us they felt supported and listened to. New staff told us their induction had provided them with the information they needed to be confident that they would meet people's needs when they first arrived on shift. One member of staff, who had been in post three weeks, told us, "I had a four-day induction in Derby, I did my manual handling training as well and shadowed other staff for four shifts. [Registered manager's name] kept in touch throughout to see how I was getting on". We observed this member of staff supporting people and noted that they knew people well, and were confident in their approach to them, demonstrating that their induction had provided them with the training and guidance needed to be able to meet people's needs effectively.

Staff told us they considered themselves to be well trained and were provided with the training and equipment to meet people's needs. We saw specialist and adaptive equipment was made available as and when needed to support people and help maintain their independence. One member of staff told us about recent moving and handling training they had received which had meant changes in their practice. They told us, "We do it differently [a particular moving and handling procedure] and it's brilliant and much easier". They went on to add that the changes in practice had been introduced immediately and that all staff were now following the new guidance. Staff told us they received regular supervision and an annual appraisal which provided them with the opportunities to discuss any concerns or their training needs. One member of staff told us, "We get training every year and our practice is observed. I've asked for medication training and I'm being supported to do that".

One person told us, "[Food] is good, plenty of it" and another said, "[Food] is fine. Good food. Well cooked". People were supported to eat and drink enough to maintain a balanced diet. It was a hot day when we visited. We noted that fans were placed around the home and people were regularly supplied with hot and cold drinks. No one spoken with complained they were too hot, or that they needed additional drinks as these needs were being catered for. We saw that people's dietary needs and preferences were considered at mealtimes. One person told us how they enjoyed a cooked breakfast, presented in a particular way and we observed this to be the case. We spoke with the cook who was aware of people's dietary needs and preferences. We saw that people were offered a choice at mealtimes and if they did not like what was on the menu, alternatives were offered. People were weighed regularly and where concerns arose they were

referred to the Speech and Language Team for support and guidance. For those who needed assistance at mealtimes, this was provided. To help maintain people's independence, there was some use of adapted crockery for example lipped plates, which meant people could eat their meals unaided. We saw that people were encouraged as much as possible to support themselves at mealtimes, but staff maintained a discreet distance and offered supported where required. For example, one person had a coughing attack during their meal, staff patted the person on the back, offered a drink and encouraged them to eat slowly.

Staff spoke positively regarding each other and how information was shared between themselves to ensure they were kept up to date with the changes in people's care needs.
Staff told us they were kept informed of any changes at handover and that the system worked well. An end of shift report was produced for the registered manager and this information was shared across teams.

People were supported to maintain good health. We spoke to three different relatives who all described how their loved ones had moved into the home at a time when their health was significantly failing and had then improved after being at the home. One relative told us, "[Person] came here 10 months ago for end of life care. They couldn't eat or drink but as soon as they got here, they did. They are so clean and they do their hair and nails. Other places never bothered much". People told us they were supported to see their doctor, dentist and optician as and when needed. One person told us, "If people are poorly, they get the doctor. They're pretty good at that". A relative told us that their loved one saw the doctor "Straight away if needed" adding that their health had "dramatically improved" since arriving at the home with significant health conditions. Relatives told us they were kept informed if their loved one was unwell and we were provided with examples of how staff had identified people were unwell and had obtained medical intervention resulting in people's health care needs being effectively met.

We saw efforts were made to create a welcoming, homely environment. Throughout the home information was on display regarding activities people had taken part in, and both floors had displays regarding the world cup. Dining room tables had tablecloths, serviettes and vases of flowers and menus were on display. People had access to an outside area with tables and umbrellas to provide shade in the warm weather. One person told us, "I like to sit out there, but it's not everyone's cup of tea".

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 MCA 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions to authorisations to deprive a person of their liberty were being met. We found that they were.

Staff had a good understanding of MCA and DoLS and what it meant for people living in the home, ensuring that people were not unlawfully restricted. Staff were aware of the need to obtain people's consent prior to offering support and we observed this. One member of staff told us, "Each person is different and they will do things how they want to do things and you have to just remember that". People told us staff obtained their consent and offered them choices and that they had no concerns regarding this. However, not all staff spoken with were aware who had a DoLS in place. We shared this with the registered manager and discussed ways in which staffs' knowledge in this area could be developed to ensure all staff were aware of who had a DoLS in place and were supporting people appropriately. We saw there was a system in place to record when applications to deprive people of their liberty had been submitted, although best interests

meetings were not consistently recorded in some people's files. We discussed this with the deputy to ensure these meetings and decisions made were recorded and added to people's records.

Good

Is the service caring?

Our findings

People told us, and we observed, that staff were kind and caring in their approach. They told us that staff could pass the time of day with them, and as one person said, "Come and have a little talk to you as well". Other comments received were; "It's ok here, the girls [staff] are jolly and pleasant", "If I need anything, they will fetch me it", "Staff are very friendly. That eases you to get here in the first place. They seem to work hard. I never hear them moan or groan", and "Kind? Most. Caring? Most". A relative told us, "They use [person's] preferred name and know what's important to them. [Person] has a 'family cushion' and staff placed it at the end of their bed so that they could see it; everything is as it should be".

We observed staff enjoying conversations with people and this was reciprocated. People pointed to staff and commented positively on them and acknowledged them with smiles. We saw one person in the lounge say to a member of staff who they hadn't seen for a while, "I missed you! I thought, where is she?!" Staff spoke with warmth and compassion when talking about people they supported and gave people time and listened to their concerns.

People told us they were supported to make decisions about their daily living and staff respected their wishes. For example, people told us staff would ask them what they wanted to wear each day and would hold outfits up for them to choose. For people who were unable to communicate verbally, staff were able to tell us how they were able read people's body language. For example, by using their hands to offer different options and the person pointing to their preferences.

However, some people mentioned that they didn't have a bath or shower as regularly as they liked and another person said it was their choice to have a weekly bath but "generally they tell me when I'm having one". We looked at the personal care records for a number of people and noted that staff had not consistently recorded when people had had a bath or shower. We spoke to staff about this and they told us there was no bath/shower rota in place and that people could choose when they wanted either. We raised this with the registered manager for them to consider and ensure that people were offered the option of having a bath and shower when they wanted and that this was recorded appropriately.

People told us they were treated with dignity and respect and we observed this. Staff were respectful and courteous. Where one person was about to be supported with their personal care, a relative was asked to leave the room, in order to maintain the person's dignity. We saw staff knocking before entering bedrooms and staff were able to describe how they maintained people's dignity, for example, by covering them with towels, whilst supporting them with their personal care.

People were supported to maintain their independence in a variety of ways. One person told us it was important for them to take their medication on their own, with little or no assistance from staff and another person told us how they carried out their own personal care as much as possible. People told us that if they were worried, or needed additional support, staff would usually be nearby to help out and we observed this.

We saw for those people who required the support of an advocate, arrangements would be made to access

these services. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

One person told us, "The staff are very good and we have a right giggle". A relative told us, "We've been visiting here for 10 years. The staff are very polite; we can't fault it [the service]. Because we are so happy with [person's] care, all the family wanted [other relative] to move here. You can ask for anything and we've never had a problem". People told us, and we saw, they were involved in the development and reviews of their care plans; a relative said, "I am involved in the care plan and reviews. As soon as something is different, they let us know".
Care plans included information on how to communicate with people and for those who may not be able to communicate verbally information was available to support staff, for example by using signs and gestures. Care records held information regarding people's history, their likes and dislikes and how they wished to be referred to and how they liked to spend their time. A relative told us how staff referred to their loved one by their preferred name and described how they had 'taken' to a particular member of staff who supported them. Staff spoken with provided us with a good account of people and what they told us was reflected in people's care records. They were able to describe in detail people's preferences and what was important to them and we observed that his knowledge was consistently held across all members of staff. For example, when one person's breakfast was being prepared, staff all commented on the person's preferences and knew exactly what they liked to eat. We observed that staff knew people well, were aware of what was happening in the lives [for example, recent family visits] and were able to talk to them about this.

People spoke positively of the activities co-ordinator and the impact they had across the home. A relative told us, "They are very good, have a strong personality and do lots of activities". We observed the activities co-ordinator knew people well and was engaging and friendly. We saw a number of display boards throughout the home, promoting activities and pictures of events and activities people had enjoyed participating in including baking and movement to music. A relative told us, "Plenty [of activities] goes on here". People told us they enjoyed spending time in their room or communal areas, watch television with others. Another said they enjoyed sitting outside and playing bingo. A relative told us, "[Person] plays bingo and listens to a singer; they do little things to keep them motivated. They are very good. I've no qualms at all". A hairdresser was visiting on the day of the inspection and people took advantage of this and were complimented on their appearance when they'd had their hair done. Another relative told us they were pleased their relative had their nails manicured weekly, as requested.

We spoke with the activities co-ordinator who told us, "With new people, I like to sit with them and find out as much about them as I can. I get to know relatives and spend time with them". People were supported to take part in arts and crafts sessions, which they told us they enjoyed. We saw two large displays to celebrate the World Cup and saw that people had been involved in creating these. Previous displays [which people had been involved in] included the Oscars and the recent royal wedding. The activities co-ordinator was keen to involve people in activities they could enjoy and told us, "Everyone is capable of doing things, but some people have to be encouraged in a nice way and you have to respect their wishes". They told us they had been provided with a budget for entertainment and were looking forward to utilising this to create more activities for people to become involved in.

We saw where complaints had been received, they were investigated and responded to appropriately. People told us if they had any concerns they would tell staff they felt comfortable with, or speak with the registered manager. A relative told us, "I did raise a complaint once about [person] having to wait for the toilet. It was sorted. No problems since". Another relative told us, "I'm not aware of any complaints [as a family]. Any problems and we speak to [registered manager's name] and she sorts it out".

We saw where appropriate, people's preferences and choices for their end of life care were recorded. We spoke with a number of relatives who told us the appropriate care and support was provided for their loved one, at a time when they were considered to be 'end of life'.

Good

Is the service well-led?

Our findings

In December 2017 the service transferred ownership to a new provider. People, relatives and staff were all complimentary of the smooth transition and told us they were kept fully informed of the changes. One member of staff told us, "You wouldn't notice any difference really, apart from the uniform" adding that there had been minimal disruption in the home. The registered manager told us they had been reassured by the new provider and their approach that they "had chosen the home" and that the home was wanted as part of the new provider's portfolio. They told us, they felt well supported by the new provider and were impressed with how smoothly things had gone. The registered manager said, "The management have been really, really good, there have been some teething problems with the initial changeover of systems, but nothing that couldn't be sorted" and the deputy described the support they received from the provider's Quality Director as 'really helfpul' and told us, "[Quality Director's name] calls every Friday. She's great; really helpful". We saw plans were in place to transfer care records to the new provider's paperwork and staff were being provided with copies of examples prior to the transfer taking place.

People were complimentary of the service and the registered manager and considered it to be well led. People passed on the following comments; "I can't find no fault my dear [with the service]", "I couldn't fault it, I've always got company, everything is clean and comfortable and the food's good" and relatives told us, "Would I recommend this home? 100%" and "If any of my family had to go somewhere, I'd want them here, I can't fault it". "[registered manager's name] is very nice, if there are any problems, you can talk to her".

The registered manager was a familiar sight throughout the home and knew people well. We observed them engage in conversation with people and talk to them with kindness. People told us both the registered manager and the deputy were approachable and if they had any concerns they had no doubt that they would be listened to and dealt with. Relatives told us the atmosphere in the home was "very pleasant" and one said, "Overall it's a nice atmosphere. I do pick up that staff get on. I don't pick up on any bad vibes between staff and the manager" and another relative said, "Nothing is too much trouble. The girls [staff] are always singing down the corridors. [Relative] is happy".

People were supported by a group of staff who were aware of their roles and responsibilities. Staff were mindful of the need to report concerns and share information to ensure they were kept up to date with any changes in people's care needs. This was evident in that the provider had notified us about events that they were required to by law.

Staff told us they enjoyed their work and we observed this. Each member of staff wore a name badge with a short 'description' of themselves underneath which used as light-hearted conversation opener. Staff were on board with this and enjoyed talking about the reasons for the words chosen on their badge. One member of staff told us, "Everyone is supportive, they [staff] understand I'm new. I am happy with everything". They told us the registered manager and colleagues had supported them in their new role and they had been provided them with opportunity to get to know the people living at the home and their needs.

We saw staff were given the opportunity raise any concerns they may have or discuss their learning through

team meetings or regular supervision. Staff told us the recent changes in provider had gone smoothly and this was partly down to the fact that they had been kept informed of developments. We noted efforts were made to obtain feedback from people regarding the service. Relatives told us their views had recently been sought through a survey. We spoke with the registered manager regarding this and saw that the information had very recently been collected and was currently being analysed for any actions that may need to be taken. We noted that much of feedback received had been positive, but there were some areas where people had raised concerns. The registered manager told us they were looking at addressing these areas and they would be added to the home's improvement plan to ensure they were actioned in a timely manner.

We saw there were a variety of audits in place to assess the quality of the service provided. These included twice daily walks around the service by both the registered manager and the deputy. Where audits highlighted areas for improvement, this information was transferred to the home improvement plan for action. For example, we saw that audits of accidents and incidents had identified the need to make referrals to the falls prevention team. This had taken place and we saw plans were in place for a dedicated 'falls team' in the home to include representatives from each department [including the kitchen and housekeeping staff] all contributing their skills and areas of expertise into the team to help prevent falls. We saw the deputy was leading on this and was about to attend additional training on this subject.

The registered manager had a clear vision for the future of the home and worked in partnership with other healthcare professionals to develop the service, such as representatives from the Speech and Language Team. They told us one the main challenges they had recently faced was keeping staff onboard during the period of uncertainty when new providers came along. They told us, "I feel we have stabilised the home and I'm quite happy now. I would like to be perfect, but I'm not there yet". We noted during the last 12 months the home had achieved recognition as being in the 'top 20 care homes' by Carehome.co.uk, an achievement both the registered manager and staff group, were proud of.