Random inspection report

Care homes for older people

Name:	Warmley House Care Home
Address:	Tower Road North Warmley South Glos BS30 8XN

The quality rating for this care home is:	two star good service
The rating was made on:	

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	**Date:**							
Wendy Kirby	1	3	0	2	2	0	1	0

Information about the care home

Name of care home:	Warmley House Care Home
Address:	Tower Road North Warmley South Glos BS30 8XN
Telephone number:	01179674872
Fax number:	01179610581
Email address:	warmley.house@fshc.co.uk
Provider web address:	

Name of registered provider(s):	Lunan House Limited
Name of registered manager (if applicable)	
Mrs Janet Molly Goodfellow	
Type of registration:	care home
Number of places registered:	58

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	10
old age, not falling within any other category	0	48

Conditions of registration:
May accommodate up to 10 persons aged 65 years and over with Dementia (DE) (E) that require personal care only.
May accommodate up to 18 persons aged 65 years and over requiring personal care only.
May accommodate up to 30 persons aged 50 years and over requiring Nursing Care.

Date of last inspection								
Brief description of the care home								
Warmley House is registered for 58 persons. It can accommodate up to 18 persons requiring personal care only and up to 30 persons requiring nursing care. A small unit								

Brief description of the care home
within the residential section has recently been registered for up to ten people aged 65 years and over suffering from dementia and requiring personal care. The home is divided into two sections, the residential and demntia unit area situated in the Victorian house and there is an attached purpose built nursing wing. Each area has its own lounge and dining room.

What we found:

Following a recent Annual Service Review (ASR) concerns were raised about some of the outcomes for people who use the service. Because of this we (The Commission) conducted a random visit to the home to follow up those concerns that were raised. The inspection was conducted by two inspectors over one day.

We did not look at all of the outcomes for people who use the service, however in addition to looking at concerns raised we have included in this report further evidence of some good practice that we saw on the day and through discussions with the manager.

One inspector conducted a 'Short observational framework for inspection' (SOFI) in the residential unit. This is a methodology we use to understand the quality of the experiences for people who live in the home. Usually these are people who are unable to provide feedback due to their cognitive or communication impairments.

SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs.

Health and Personal Care

Residential and Dementia Unit

Care planning documents were detailed and explicit. These are known as CHAP (care, health and assessment profiles). They were well written and reviewed on a monthly basis in order to ensure that the information contained within them was correct.

These and the daily progress records contained entries of what, when and how care was provided. Information recorded on care documentation corresponded with information given from people who live at the home and staff about the level and individualised levels of support that people received.

A number of risk assessments are completed in respect of the likelihood of falls, nutrition, moving and handling, and pressure area risks. We looked at wound care planning documentation for one person. The plan indicated how often the dressings needed attention and what treatment had been prescribed. The unit had sought specialist advice from the Tissue Viability Nurse (TVN). Any progress or deterioration is monitored and photographs are taken for comparison, an evaluation is recorded each time the wound is attended to.

Nursing Unit

From the pre admission assessments the staff are able to develop a set of care plans based on identified needs. During the first months trial period the plans are reviewed weekly and developed accordingly. Care plans were completed with regards to health and social needs including, psychological, emotional, and cultural needs which demonstrates that the home takes an holistic approach to the provision of care.

The plans that we looked at were fairly detailed and person centered, including personal

preferences and like and dislikes. Some plans told us that people had specific requests and routines, this is very good practice and helps demonstrate that people are involved in deciding how they wish to receive care.

The plans showed consistency in assessing, planning and evaluating care as required. Regular care reviews take place for people living in the home, which can include family members and care staff wherever possible. This allows the opportunity to discuss and evaluate care and any issues or concerns people might have.

Staff agreed that they had up to date information about individual's needs and confirmed that care plans were reviewed at least monthly unless there were any other significant changes.

Health care needs are monitored and documented in people's care files. Nutritional assessments are completed on admission and reviewed monthly, people are weighed as part of this review. Care plans are written for people who are nutritionally at risk and how this is to be managed. Specialist health care support is often sought and referrals are made to community dietitians and speech and language therapists.

The home has good links with local General Practitioners (GP) who will visit on request. All visits and the outcomes are recorded in peoples care file. Specialist referrals and visits from other professionals including, Tissue Viability Nurse, Chiropodists, Dentists and Opticians were also seen.

People told us that they were happy and well cared for, people looked comfortable and relaxed. People were dressed carefully, hair was combed, people had been shaved when required, spectacles, hearing aids and dentures were in place.

Daily Life and Social Activities

Residential and Dementia Unit

There was good reference to information about peoples previous hobbies and interests so that staff would know their preferences for activities and what they may not like. People are also supported to satisfy their religious preferences.

During our visit within the dementia unit we spoke to staff about people in their care. Staff were extremely knowledgeable about the individuals in their care and were able to tell us about the support needs. Person centered information about peoples personalities, likes and dislikes and the best manner and approach to use in order to support them.

We saw staff playing board and ball games and people appeared to enjoy this, it encouraged laughter and activity. Staff approach was very caring, they spoke to each person in turn and encouraged them to engage in whatever way they could, for some people this was singing and playing a musical instrument for others it was a smile. Although the engagement with people may have appeared to be minimal it was clear that people responded to the staff approach and communicated this in the best way that they could.

We spent time in the lounge and dining areas and saw that staff engaged with people in a meaningful way. People were spoken to politely and respectfully. People were asked what

they wanted to do and what assistance they would like. We also heard staff making general conversation with people about their day, rather than just being task orientated. Staff, on the whole, were attentive and supported people in an appropriate manner.

We looked to see how people were being supported at lunchtime. We saw that a casserole with potatoes and broccoli and a dessert were offered to people, with an alternative provided if people did not like what was being offered to them.

During out visit we saw that there were sufficient numbers of staff on duty to assist people, some people were encouraged through verbal prompting and minimal assistance, whilst others were supported on a one to one basis to eat their meal.

We spoke to one relative who said that their relative had lived at the home for a number of years. Comments included, "Staff are wonderful, nothing is too much trouble, I am very happy with the care that my relative receives, staff are kind and caring".

Nursing Unit

There does not appear to be any unnecessary rules in all three units and it seemed that daily routines were flexible within the home. We saw some evidence that people can get up and go to bed when they like, have their meals in their bedrooms and participate in activities they have a particular interest in.

We observed a little of lunch time. The size and layout of the dining rooms makes it possible for everyone to enjoy the social advantages of dining together. The dining rooms were light and spacious with good quality dining furniture. Tables were laid attractively with cloths, serviettes, flower decoration and condiments.

Staff members supported people that required assistance with eating their meals in a respectful sensitive manner. Staff sat at the same level and assisted them without rushing. We saw jugs of juices, beakers and glasses and these were being handed to people whilst waiting for lunch. Later when we visited people in their rooms we saw that jugs of fluid had also been provided for individual use.

People who had been assessed as nutritionally at risk were on food and fluid intake charts. In general the recording was good, however some had not been totaled after each twenty four hour period. This is paramount in order that any risks or concerns can be identified, reported and appropriate measures put in place.

The comments about the food varied. Comments did tend to be negative about the meals and how they were cooked. Comments included, "The food is poor and there is not much choice", "Yesterday the trifle was like water, the soup was not blended, which meant some people could choke and the cauliflower cheese was rock hard", "I do complain about the food, its never hot and there is rarely any taste to it", "The presentation is poor and vegetables are often too hard".

We do know that following their own audits, management have identified some areas of poor quality around meals, choice and the quality. Plans to address these issues have been instigated and we will look at the progress during future visits.

Complaints and Protection

All Units

There has been some issues with timescales when responding to complaints and this has been addressed by changing policy and procedure. We receive details from the home about any internal complaints investigations and safeguarding referrals, the outcomes we saw at the inspection show us that these have been dealt with openly and effectively by the manager.

The manager is committed to encourage an open culture within the home so that people feel comfortable and able to make a complaint or a suggestion without fear of reprisals. She makes every effort to see people living in the home Monday to Friday and her office is by the main reception area which means that visitors can see and talk to her on a regular basis. Being available has meant that people can discuss any concerns or issues with the manager before they potentially escalate into complaints.

Holding meetings for people living in the home, relatives and staff will mean that communication and sharing information will improve. This further promotes people becoming less frustrated, thus relieving anxieties and any potential complaint referrals.

Environment

All Units

We saw that people were free to walk around the home and people were seen going into their own rooms. Rooms were personalised and appeared homely and comfortable. People had photographs, ornaments and other personal items which they had brought from home. We did note that in four bedrooms there were no call bells in place and in two rooms the calls bells were out of reach for people.

This would mean that people could not ask for help when they needed to and could potentially put people at risk in an emergency. This was brought to the attention of the operations manager who dealt with this immediately.

The residential dining room had been recently been redecorated and we saw various colourful displays of artwork made by people living in the home. There was a damp area in one corner of the room which was being addressed.

Within the dementia unit we noted that a toilet door had no lock on it, a lock should be fitted, with an override facility in order that people are able to have privacy in this area but can still be accessed in an emergency.

We spent some time with domestic staff on duty in all three units. It was clear that they had been working hard during a period of staff shortages, however, it was also evident that standards of cleanliness and hygiene had been compromised. Within the dementia unit we noted offensive odours in peoples rooms and some rooms were in need of a deep clean.

We spoke to the operations manager about this who told us of recent recruitment and appointment of additional staff so that these issues will be addressed in order to improve standards.

Management and Administration

All Units

The manager was not present during our visit, however she was part of this inspection after our visit via telephone conversation. She demonstrated good management skills that relate to the aims and purpose of the home.

The manager and staff are very committed to the people living in the home and the roles and responsibilities expected of them. Staff are empowered by the manager to continually monitor and evaluate the services they provide to people. The ethos of the service is person centered with the views of people actively being sought as part of this process.

The manager told us that future plans are for all have staff to have a greater understanding about assessing peoples capacity to make decisions, particularly empowering people to make choices even if it may put people at some risk. That has been hard for all the staff and families to appreciate as some have wanted to covet and protect people so much that they were not always respecting their right and their choice.

This is a great step forward in understanding the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager feels that the training and the professional discussions they have had as a team and with individuals has helped further development.

The home continues to monitor and assess the quality of services provided by giving people questionnaires to complete, any weaknesses identified are put into an action plan. Regular audits are carried out in the home including health and safety care documentation, medication and other procedures in the home.

We spoke with most staff on duty during our visit. They were respectful of the inspection process and supported us during our visit. We asked staff about strengths and weaknesses in the home and comments were constructive and generally very positive.

These are just some of their comments, "I think we are well supported by the manager and trained nurses", "Communication is very good, the manager is very approachable and acts on any concerns and issues we may have", "Its a nice home and I enjoy working here, sometimes too many changes are instigated at the same time", "There is good teamwork and we support each other", "We work hard and sometimes we are shattered, it would be nice to have more time to deliver the care" and "I am very happy and I treat all the people living here like they were my relative and I think most staff have the same ethos".

During our SOFI observations we saw staff moving people in a safe a manner. We saw staff assisting people with the hoist and also with a stand aid, on both occasions staff explained to the person what they were doing, they checked that the person understood what had been said to them and the move was completed in a calm, reassuring and safe manner.

The home has manual handling assessments in place and these outline information about

the support needed by people who live at the home. These records gave an indication of the level of risk in this area for individuals, the assessments also contained information of staff action, support and equipment needed in order that people are moved safely.

Within records we saw that the home complete a variety of risk assessments as a separate document alongside the care plan, those seen included, the use of wheelchairs and refusal of personal care support, these were well written and sufficiently detailed in order to inform and guide staff practice.

We reviewed accidents and incidents which had occurred at the home. Accident reports had not always been fully completed in order to show what had happened, what injuries had been sustained and what the home had done to support the person involved. Measures need to be put in place to improve recording and follow up of accidents in order to help prevent potential recurrence.

What the care home does well:

Care plans accurately reflect the individuals' needs and how they will be met. People who live in the home and their families are involved in this process wherever possible.

Systems are in place to help ensure that there is consistency in assessing, planning, implementing and evaluating the care when required.

People can be confident that staff have a good awareness of their needs and that they will be treated with dignity and respect.

The relationships between staff and people living in the home are good and create a warm positive environment to live in.

We saw that people are supported making choices about how they want to live their lives, this is detailed in the care documentation and staff we spoke with told us about the people living in the home, their likes and dislikes and their preferred routines.

The complaints policy and procedure in the home is much more effective and all concerns are taken seriously and acted upon efficiently. People can be sure that they will be listened to and that their thoughts and feelings are taken into account.

The health and safety of people who use this service should be protected by systems in place.

What they could do better:

The home is well organised and managed by an effective, stable team that promotes the views and interests of all people who use the service. The home continues to improve and further examples are detailed throughout this report. We have not made any requirements as a result of this inspection.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?				
	Yes	☐	No	☑

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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