

# Random inspection report

## Care homes for older people

Name:	Warrens Hall Nursing Home
Address:	218 Oakham Road Tividale West Midlands B69 1PY

The quality rating for this care home is:	one star adequate 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.

<b>Lead inspector:</b>	<b>Date:</b>								
Karen Thompson	3	0	1	1	2	0	0	9	

## Information about the care home

Name of care home:	Warrens Hall Nursing Home
Address:	218 Oakham Road Tividale West Midlands B69 1PY
Telephone number:	01384455202
Fax number:	01384240068
Email address:	starrs.p@bupa.com
Provider web address:	www.bupacarehomes.co.uk

Name of registered provider(s):	BUPA Care Homes (ANS) Ltd
Type of registration:	care home
Number of places registered:	40

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	40

Conditions of registration:								
The maximum number of service users who can be accommodated is: 40								
The registered person may provide the following category of service only: Care Home with Nursing (Code N) To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) 40								
Date of last inspection								
Brief description of the care home								
Warrens Hall is a converted farmhouse that has been extended and adapted and which is owned and managed by BUPA who have a number of other homes in the area. Currently part of the building is not in use but accommodation is provided for up to 40 older people who require nursing care for reasons of old age. There are pleasant views over the fields from the rear of the building. Access and egress is to the side of the building and there is a small garden and patio area to the rear plus adequate car								

### Brief description of the care home

parking space. Accommodation is spread over two floors and there are lounge and dining room facilities on each floor, so people have a choice of areas to sit. The home offers 40 single en-suite bedrooms, four single without en-suite facilities and six double rooms. A passenger lift gives access to all areas and equipment such as hoists and assisted bathing facilities are available to assist people with mobility problems.

## What we found:

The reason for this inspection was to monitor compliance with statutory requirements issued following the key inspection in May 2009 and to look at concerns raised with us in relation to staff leaving people in the home to receive training. One inspector and one local area manager visited the home on 20 December 2009. The outcome is as follows:

We looked at five staff files of people that had recently commenced employment at the home. We found one member of staff had commenced work at the home before their full enhanced Criminal Records Bureau check (CRB) had been received. The home however had carried out Protection of Vulnerable Adult first check (POVA 1st) for this person. Homes can employ staff based on a POVA first check whilst awaiting an enhanced CRB. The guidance however states that this person must have a risk assessment in place and not deliver personal care. The care manager assured us that this person had been mentored during this period but could not provide evidence that a formal risk assessment had taken place.

We looked at the medication stored on both floors of the home. Medication was locked in treatment rooms. We looked at four peoples current medication records for receipt and administration of medication and found that the overall medication records were well recorded. The receipt of medication was documented on the Medication Administration Record (MAR) charts. Balances of boxed medication were carried forward from an old MAR chart to a new MAR chart. We found the previous requirement to be met.

We talked to the new Care Manager about staffing levels and looked at staff rotas for October and November 2009. We were told by the manager the staffing levels have been reviewed and that they aim to have two trained nurses and eight carers on duty between the hours of 08:00am and 14:00hrs. The number of carers dropped to six between the hours of 14:00 and 20:00hrs but they are supported by two trained nurses. We did however find that staff were being rotated to deliver care to people in the home but were also leaving the floor to receive training. This meant that the minimum number of eight or six carers was not being maintained. The Care Manager was unable to demonstrate how long and at what time the training took place. The Care Manager told us she does deliver personal care to people living in the home when training takes place but this was not evident from the rota.

We looked at the complaints records held in the home. The home has received thirteen complaints since June 2009 and we are aware of some of these. The home has investigated the complaints and this meets the requirement. The Care Manager told us "I know it is very important to log all complaints. I encourage anyone to come and talk to me. If I don't know about things I cannot deal with them. Everything raised is recorded. "

We were shown the newly decorated lounge on the top floor of the home. We were told that people living in the home had been involved in choosing the colours and curtains for the room. The home is awaiting delivery of new curtains.

## What the care home does well:

The home has met the requirements made at the previous key inspection.

## What they could do better:

A risk assessment need to take place for people working in the home who only have a (POVA first ) and are awaiting a full CRB enhanced check.

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
1	8	Systems must be in place to monitor manual handling procedures and ensure the safety of people living in the home and those of staff. (Recommendation made following May 2009 key inspection not check at this inspection visit)
2	8	It is recommended that photographs of pressure sores include a tape measure, so the size of the wound can be determined. (Recommendation made following May 2009 key inspection not check at this inspection visit)
3	8	Systems should be in place to ensure people are monitored appropriately when sitting in communal areas. (Recommendation made following May 2009 key inspection not check at this inspection visit)
4	8	Call bells must be cancelled at the point of activation to ensure people are responded to in a timely manner. (Recommendation made following May 2009 key inspection not check at this inspection visit)
5	8	Systems must be in place to ensure all bruises are

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No	Refer to Standard	Good Practice Recommendations
		investigated and accidents audited, so appropriate action is taken to ensure people's well being. (Recommendation made following May 2009 key inspection not check at this inspection visit)
6	12	It is recommended the activities co-ordinator is provided with training in their role, to enhance the service provided to people living in the home. (Recommendation made following May 2009 key inspection not check at this inspection visit)
7	18	Staff should be provided with training, commensurate with their position, about Mental Capacity Act and Deprivation of Liberty Safeguards, so they have the knowledge to support people appropriately. (Recommendation made following May 2009 key inspection not check at this inspection visit)
8	23	Re-decoration of the exterior and interior of the home should be undertaken to enhance the environment for people living there. (Recommendation made following May 2009 key inspection not check at this inspection visit)
9	23	A review of furnishings and equipment should be undertaken and action taken to provide appropriate equipment to meet people's needs. (Recommendation made following May 2009 key inspection not check at this inspection visit)
10	23	Action should be taken to ensure access to the home by the main entrance door is suitable for wheelchairs. (Recommendation made following May 2009 key inspection not check at this inspection visit)
11	29	Staff commencing work on a POVA first whilst awaiting a full enhanced CRB check should have a risk assessment carried out.
12	32	Action must be taken to address the shortfalls in team working and staff morale, so it does not impact on the care provided to people living in the home. (Recommendation made following May 2009 key inspection not check at this inspection visit)
13	33	Arrangements for meeting with people who live in the home, relatives and staff should be developed to improve communication, enhance outcomes for people living in the

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		home and feed into the quality assurance system. (Recommendation made following May 2009 key inspection not check at this inspection visit)
14	36	Arrangements for staff supervision need to be developed and improved, so that staff are provided with appropriate support. (Recommendation made following May 2009 key inspection not check at this inspection visit)
15	36	The manager must ensure there is evidence available to demonstrate servicing of all baths and hoists and they are in effective working order to ensure the safety of people living in the home. (Recommendation made following May 2009 key inspection not check at this inspection visit)

## 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](http://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](http://www.tso.co.uk/bookshop)

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