Derby City Council

Warwick House

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 26 September 2017 and was unannounced.

Warwick House was last inspected in August 2015 and was rated Good. At this inspection, the service remained Good.

The provider is registered to provide accommodation in the service for up to 22 older people and 5 people with a learning disability.

The service is divided into two units. Warwick House offers short term care for older adults whilst Bonsall View offers short term care for younger people with profound multiple complex learning disabilities and autism.

The part of the home used to provide care for older people was not being used at the time of our inspection. The part of the home used to provide respite care for people with a learning disability, Bonsall View, was being used at the time of our inspection. There were three people using this service at the time of our inspection.

A registered manager was in post and was available throughout the inspection. 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.

Staff knew how to keep people safe and understood their duty to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm.

Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices. Medicines were managed safely.

Staff received induction, supervision and appraisal. Training figures could be improved, though staff felt that they received sufficient training and plans were in place to address this issue. Capacity issues were being considered by staff and further work was being completed in this area, specifically, around Deprivation of Liberty Safeguards (DoLS) in conjunction with advice provided by the local authority.

People received sufficient to eat and drink and external professionals were involved in people's care as appropriate.

Staff were kind and knew people well. People and their relatives were involved in decisions about their care. Advocacy information was available.

People received care that respected their privacy and dignity and promoted their independence.

People received personalised care that was responsive to their needs. Care records contained sufficient information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising concerns with the management team and that appropriate action would be taken.

The registered manager and provider were meeting their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Warwick House

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 26 September 2017 and was unannounced. The inspection team consisted of an inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service and Healthwatch Derby to obtain their views about the care provided by the service. This information was used to help us to plan our inspection.

People using the service were not able to fully express their views about their care. During the inspection we spoke with three relatives, a maintenance person, the cook, a kitchen assistant, two care assistants, a team leader and the registered manager. We looked at the relevant parts of the care records of four people who used the service, three staff files and other records relating to the management of the service.

Good

Is the service safe?

Our findings

A relative said, "Staff have always kept [my family member] completely safe." Another relative said, "[My family member] is safe here. Everyone's needs are taken into account and it's never overcrowded."

Staff were aware of safeguarding procedures and the signs of potential abuse. They knew what action to take if they suspected abuse. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was available to give guidance to people and their relatives if they had concerns about their safety.

Relatives told us that their family members were kept safe but not unnecessarily restricted. We saw that people walked round the home without unnecessary restriction.

A relative said, "[My family member] is very unsteady. I've seen how staff support them and I'm very happy with how it's done." We observed people were assisted to move safely.

Risk assessments were completed to assess risks to people's health and safety and to identify actions to be taken to minimise those risks. Risk assessments were reviewed regularly. We saw completed documentation relating to accidents and incidents and it was clear what action had been taken to minimise the risk of them happening again. This included changes to care plans so that staff had appropriate guidance to manage risk.

We saw that the premises were safe and well maintained and checks of the equipment and physical environment were taking place. There were plans in place for emergency situations such as an outbreak of fire and personal emergency evacuation plans (PEEP) were in place for all people using the service. This meant that staff would have sufficient guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was being updated to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

A relative said, "They seem to have a good staff ratio." Staff felt that they had sufficient time to complete their work safely. A staff member said, "There's always sufficient staff." During the inspection we observed staff promptly attending to people's needs and monitoring people who would be at risk if left unsupervised. Due to people's complex needs they received one to one staffing and we saw that staffing levels were sufficient to meet this.

Recruitment and selection processes were followed and files were held centrally. The registered manager told us that there had been no recent staff recruitment carried out. However, we saw that correct processes were being followed to check that any volunteers were safe to work at the service.

Relatives were happy that their family members received their medicines safely. Medicines were well organised and safely managed by staff at the service. Medicines administration records (MAR) contained a photograph of the person to aid identification, a record of any allergies and people's preferences for taking

their medicines. We checked MARs and found they had been fully completed.

Medicines were stored securely within a locked room. Temperature checks were recorded daily of the room and the refrigerator used to store medicines. Processes were in place for the ordering and supply of medicines. Staff told us they obtained people's medicines in a timely manner. Protocols were in place to provide additional information about how medicines should be given when they were prescribed to be given only as required, for example, pain relief medicine. Staff received medicines training and had their competency to administer medicines assessed regularly. That helped to ensure people received their medicines in a safe way.

Good

Is the service effective?

Our findings

A relative said, "The staff here are good, they make the service." Another relative said, "Absolutely well skilled staff, no concerns about that." We observed that staff competently supported people throughout the inspection.

Staff felt supported by management. They told us they had received an induction which prepared them for their role and records confirmed that staff completed an induction process. A staff member said, "It was a good induction. I had good opportunities to shadow other staff and management told me that they would give me more time shadowing if I didn't feel confident."

Staff told us they received sufficient training to enable them to remain up to date and they felt they had the knowledge and skills required for their role. However, training records showed that not all staff had attended training which was to be considered mandatory by the provider. The registered manager showed us that courses had been booked to ensure that all staff were up to date.

Staff also told us they received regular supervision and appraisal and records we saw confirmed this. This meant that staff were supported to maintain and improve their skills in order to effectively meet people's needs.

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. The application 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.

We found that staff had considered mental capacity and had been involved in a best interest decision making meeting for a person who wore a particular item of clothing which could be considered a restraint. The registered manager told us that they were carrying out further work in this area in conjunction with advice provided by the local authority. Staff had an appropriate awareness of MCA and DoLS.

A relative told us that their family member became anxious at times but staff responded appropriately. They said, "Staff talk to her directly, she likes that, she smiles. She hears the kindness of the voice." Care records contained detailed guidance for staff on how to effectively support people at times of high anxiety. Staff were able to explain how they supported people during periods of anxiety and we saw that staff responded well to people when they were anxious.

At the time of our inspection no people using the service had a decision not to attempt cardio-pulmonary resuscitation order (DNACPR) in place. The registered manager was aware of the procedures to follow if this was considered appropriate in the future.

A relative told us that their family member was at nutritional risk and that staff supported their family member correctly and the food and drinks offered met their family member's needs. Relatives told us their family members had sufficient to eat and drink.

Records showed that people's nutritional risk was assessed and appropriate actions taken to reduce risks where appropriate. People received food that met their identified cultural or diverse needs.

Relatives felt that their family members' healthcare needs were appropriately managed by staff when required. The registered manager told us when required external professionals were involved in people's care, although due to the short term nature of the service, few people required this support while at the service.

Good

Is the service caring?

Our findings

A visitor said, "[My family member] always has continuity of staff. Staff are very understanding and know [them] very well. They know [my family member] so well, that's what gives me the comfort." Another relative said, "Staff are very kind people."

Staff had a detailed knowledge of the people they cared for and their individual preferences. We observed staff interacting well with people and visitors and talking in a kind and friendly manner. Staff effectively responded to people showing signs of distress offering them calm reassurance and space.

A relative said, "Staff ring me before [my family member] goes in. They always check to see if anything has changed or whether there is anything [my family member] wants to do." Another relative referred to this contact and said, "It gives you a lot of confidence that staff are so interested and that they will be well prepared."

Care plans indicated that people's relatives were involved in the development and review of them. Care records contained clear information regarding people's preferences. Relatives were contacted prior to every visit their family member made to the service to check whether any changes needed to be made to support being provided, to better meet people's needs.

A relative told us that their family member communicated by using objects which represented activities. They told us that staff continued to use these objects when their family member stayed at the service. When people were unable to communicate easily, care plans provided information about the gestures or body language people used to communicate with and how staff could better understand them. Information was also available on alternative methods of communication that people used. We observed staff clearly communicated with people and gave people sufficient time to respond to any questions.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

A relative said, "All staff have a good respectful attitude, everybody's kind." They told us that their family member's dignity was respected. A staff member said, "I always knock on doors when entering, explain what's happening, that's what's important."

The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner. We saw that staff treated information confidentially and care records were stored securely.

The registered manager was the provider's dignity lead and we saw that there was a strong emphasis on dignity at the service. Dignity information was displayed around the service and we saw that staff respected people's dignity. The registered manager had also introduced "dignity bags" which provided people with

more privacy when staff were managing their continence products. Almost all staff working in the home were identified as "dignity champions". Dignity champions pledge to challenge poor care and act as good role models in the area of dignity in care.

Relatives felt that staff supported their family member to be as independent as they could be. Staff also told us they encouraged people to do as much as possible for themselves to maintain their independence when they could.

A relative said, "I like the ability to take [my family member] into the service and have a personal chat with staff. It's always really nice to pick [my family member] up from the service and be told how the visit went." Staff told us people's relatives and friends were able to visit them without any unnecessary restriction. However, as the service offered respite care, relatives did not generally visit while their family member was using the service.

Good

Is the service responsive?

Our findings

Relatives told us that their family member received support that was responsive and personalised to their needs. A relative said, "[My family member] is always happy when she's visited the home." They told us that their family member had recently developed a healthcare condition which staff were managing well.

Another relative told us that their family member liked specific routines and staff followed them. They said, "[My family member] always likes a specific sofa and they make sure it's available for them." A staff member said, "We always respect people's routines. What time they like to get up and go to bed."

Relatives told us that their family members were supported by staff to do any activities they wanted to. A relative said, "They take [my family member] out for walks as [they] like walking." Another relative talked about their family member singing with staff and enjoying watching particular films.

Staff provided one to one care for people using the service. People using the service could follow any hobbies and interests they wished while using the service. Care records provided detailed guidance on how people liked to spend their day including any activities they liked to do, including sensory activities like hand massage or skin brushing. We saw that a wide range of personalised activities were available for people and the environment had been adapted so that people could access sensory activities in bathrooms and the recently developed garden area.

The registered manager told us that they visited people and also observed them in their school or own home before they started using the service. They also explained that people visited the service for a short period a number of times to check that they were comfortable before they stayed at the service the first time.

A staff member said, "The support plans are good and we can always add additional information to them." Care plans were in place to provide information on people's personalised care and support needs. This included information on, "Things that I like, things that I don't like." Detailed guidance was in place for those people with specific healthcare needs, including diabetes and the use of specialist medical equipment.

Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. Relatives told us that any preferences for same gender care staff when receiving personal care were respected.

A relative told us that they had raised an issue with the registered manager and it had been promptly dealt with to their satisfaction. Complaints had been handled appropriately and responded to promptly. Guidance on how to make a complaint was displayed in the home and was available in an easy read format so that people could better understand the process if they had reduced understanding.

There was a clear procedure for staff to follow should a concern be raised. Staff were able to explain how they would respond to any complaints raised with them.

Good

Is the service well-led?

Our findings

A relative told us that they had attended meetings at the home and had just received a questionnaire. They told us that they had plenty of opportunities to comment on the quality of the service. They said, "I'm really very pleased with the service. Can't fault it." Another relative said, "Nothing could be improved. Everything's top notch."

We saw meetings for relatives took place where comments and suggestions on the quality of the service were made. There was also a regular meeting that considered the activities and environment of the service. A person using the service and relatives attended this meeting. We saw completed surveys were positive on the quality of the service being provided.

A whistleblowing policy was in place and staff told us they would be prepared to raise issues using the processes set out in the policy. The provider's values were displayed and staff were observed to act in line with them during our inspection. These values emphasised privacy, dignity, independence, choice and control and fulfilment. The service provided people with an "Expectation card". This set out what people should expect from the service and referred to people being treated with dignity and respect and treated as equals with no discrimination.

Relatives told us that staff were welcoming to them and their family member. We found the service to be relaxed, warm and friendly. The registered manager showed us examples of where members of the local community had visited to encourage greater community involvement in the service.

Relatives told us that the registered manager was approachable and listened to them. A relative said, "[The registered manager] has always been really nice." Another relative said, "[The registered manager] is absolutely brilliant. Nothing is too much trouble."

Staff told us that the registered manager was very supportive and representatives of the provider were approachable. A staff member said, "[The registered manager] is very good. Very approachable and will sort out any problems that you have." We saw that staff meetings took place and the registered manager had clearly set out their expectations of staff. Staff told us that they received feedback in a constructive way. A clear management structure was in place and staff were aware of this.

A registered manager was in post and was available throughout the inspection. They told us that they felt well supported by the provider. The current CQC rating was clearly displayed. We saw that all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that audits and checks had been completed by the registered manager and representatives of the provider. Audits and checks were carried out in a range of areas including infection control, medicines, health and safety and the environment. However, the infection control and medicines audits could be more

detailed in order to more thoroughly check practice in these areas. The registered manager told us that a formal care record audit would also be introduced.