

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Warrens Hall Nursing Centre

218 Oakham Road, Tividale, Oldbury, B69 1PY

Date of Inspection: 06 December 2012

Date of Publication:
December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

| | | |
|--|---|-------------------|
| Care and welfare of people who use services | ✓ | Met this standard |
| Meeting nutritional needs | ✓ | Met this standard |
| Management of medicines | ✓ | Met this standard |
| Requirements relating to workers | ✓ | Met this standard |
| Complaints | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Bupa Care Homes (ANS) Limited |
| Registered Manager | Mrs. Kalmit Jagpal |
| Overview of the service | Care home providing accommodation, nursing and personal care to a maximum of 40 older people. |
| Type of service | Care home service with nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury |

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Warrens Hall Nursing Centre, looked at the personal care or treatment records of people who use the service, carried out a visit on 6 December 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

There were 37 people living at the home on the day of our inspection. No one knew we would be inspecting that day.

During our inspection we spoke with eight people who lived at the home, five relatives and eight staff to find out about the service provided. One person told us "I think it is a good place". Another person said "They look after us well".

As some people had complex needs and were not all able to tell us about the service they received we used different methods to help us understand their experiences, including observation. We observed good interactions between staff and people living there.

We saw that people were treated with respect and dignity. People's needs had been assessed by a range of health professionals including dieticians and the hospice at home team. This meant that people's health care needs had been monitored and met.

A varied diet and fluids were made available and were encouraged to prevent ill health.

We saw that medication systems were robust and that people had been given their medication as it had been prescribed by their doctor.

Recruitment processes ensured that staff employed were suitable and safe to work with the people living at the home which protected them from harm.

We saw that complaints processes were available for people to use if they had the need.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

Staff we spoke with gave a good account of how they maintained people's privacy and dignity. One staff member told us "When we give support with personal care we make sure we cover body parts with a towel to maintain their dignity". Another staff member told us "We always knock people's doors before going into their bedrooms". This meant that staff were aware that it was important to people that their privacy and dignity was respected and maintained and they took action to honour that.

We saw that people wore clothing that was appropriate for their age, gender and the weather. One person told us that they liked to look nice and that staff helped them to achieve that. We saw that one person was wearing a necklace. They said "I like to wear that everyday". Staff we spoke with told us that they supported people to choose what they wore each day. We saw that people's hair was individually styled. A hairdresser visited the home every Tuesday so that people could have their hair cut and styled. This meant that staff knew people's individual wishes and choices concerning their appearance and had supported them to achieve this.

People's care and support had been planned and delivered in a way that had promoted their safety and welfare. Staff told us that there was good communication. They told us that the nurse in charge had a handover between shifts and that this handover information was passed onto other staff. This meant that staff were aware of changes in people's conditions and any appointments that had been planned.

People living at the home had needs regarding their physical health and cognitive functioning. We looked at a number of care plans and then asked staff what they knew about the risks and needs of each person. Staff gave us a good account of these. This meant that staff knew how each person needed to be cared for which helped to keep them safe and prevented ill health.

We spent time indirectly observing people and their interactions with staff. We saw that staff were kind and caring to the people who lived at the home. We observed that people were comfortable in the presence of staff. They did not hesitate to approach staff if they wanted something.

Staff we spoke with all told us that they enjoyed working at the home and felt that people living at the home were very well cared for. We saw that people were seen by a range of health care professionals as they required. These included the GP, dietician, the hospice at home, the tissue viability team and the optician. This meant that staff had endeavoured to ensure that people's health care was promoted.

Relatives and people living at the home gave us mixed messages about the number of staff being provided to care for and meet people's needs. Some people told us that they had to wait at times to go to the toilet. Some relatives told us at times (usually if a staff member went off sick) there was a shortage of staff. We spoke to the manager about this who told us that the registered provider had identified that there could be a problem getting cover if staff went off sick. They told us that action had been taken to address this in that four care staff and one activities staff member had been employed. They told us that these staff were undergoing their induction that week and then would be ready for work. We met two of these staff who were very much looking forward to starting their new jobs.

The home employed two staff dedicated to providing activity provision. Records that we looked at and staff we spoke with confirmed that people had been encouraged to take part in a variety of hobbies and interests. People's daily records confirmed that activity provision was offered. Relatives we spoke with told us that there were usually some structured activities taking place. They told us about the 'shows' that have been staged and one to one activities that are offered such as hand massages and chats. This meant that the registered provider knew that activity provision was important to people to prevent boredom and promote mental stimulation and had endeavoured to provide this.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We saw that the dining rooms were pleasant places for people to eat. The rooms were bright and warm and the furniture was domestic in style which gave a 'homely' touch.

Records and staff we spoke with confirmed that people's dietary likes and dislikes had been identified and discussed with them. Records also highlighted any allergies that people may have to prevent them being given food and drink that would make them unwell.

We heard a staff member go and ask each person what they would like to eat that day. We heard the staff suggest options if people did not like what had been offered. For example one person said that they did not want a jacket potato for their tea and looked pleased when a suggestion of cheese on toast was offered. People we spoke with told us that there was a good range of food options offered every day. One person said "The food here is good". Another person said "The food is nice". Relatives we spoke with were also positive about the food provided.

We observed part of both the breakfast and lunch mealtimes. We saw that staff offered people food and drink options and asked them where they would like to sit. A number of people choose to eat in their bedrooms and they were allowed to do that. We saw that staff were available to give assistance to people and to encourage them to eat. We saw that the meals looked attractive and they smelt appetising.

We heard staff encouraging people to have a drink. We saw that jugs of water and glasses were available in bedrooms and the lounge which people helped themselves to when they wanted a drink. This meant that staff knew that it was important to encourage adequate nutrition and fluid intake to prevent risks to people and promote good health.

The registered provider may wish to note we saw that two 'food diaries' were not being fully completed. This meant that because of this lack of recording staff would not be able to judge if a person had eaten enough to prevent malnutrition.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found that room temperatures where the medication trolleys were kept were within the correct range for the storage of medication. This meant that staff could be sure that the medication was being stored at the correct temperatures. Medication stored at the correct temperature would ensure that it worked as it had been designed to and prevented people from being at risk of ill health.

We indirectly observed medication being given to people by a staff member. We saw that they explained to each person that they were giving them their medication. We saw that people willingly took their tablets.

We saw that staff had recorded the date on the medication packaging of when it had been opened. This meant that staff knew the date that it should be discarded so that it did not place people's health at risk. We looked at medication records to see if they had been completed correctly and saw that they had. This meant that medication had been given to people as it had been prescribed by their doctor to help keep them in good health.

Staff told us and records confirmed that they had received training in medication safety and management. We saw that medication audits had been undertaken by staff. This meant that the registered provider had processes in place to promote medication safety to make sure that people were not being placed at risk from medication errors or non-administration.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People we spoke with had no concerns about the staff working at the home. One person told us "They are really nice staff". Another person said;" The staff are kind". A relative said "I can not fault the staff"

The manager provided us with evidence of the recruitment processes for the staff employed. We looked at the files for four staff and saw that the required checks had been undertaken. Records we saw confirmed that nursing staff had maintained their professional their qualification. These checks would help to keep people safe and prevent them from harm as they prevented unsuitable people working at the practice.

We saw that induction procedures were in place. The manager showed us the organisations new induction package which we saw was in-depth and informative. They told us that induction training involved four full days in a learning environment which would be followed by shadowing of experienced staff before fully starting work at the home. We spoke with staff who had just completed their induction training. They were very enthusiastic about it. One said "I have never had such a detailed induction anywhere I have worked. It was really helpful". This meant that people using the service had some assurance that new staff had knowledge of the service's policies and procedures and what was expected of them to make sure that they were cared for and were safe.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was a complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw that a complaints process was in place for people to access and use if they had wanted to. People we spoke with gave different views about the way their complaints had been dealt with. One person suggested that they were not satisfied. Another person said "I have not had any major complaints. The small things that I have raised have been dealt with quickly".

Staff we spoke with about dealing with complaints gave us a good account of what they would do. One staff member said "If it was something small I would deal with it myself and then tell a senior staff member what I had done. If it was a major issue I would refer the person to a senior member of staff".

We looked at the complaints record held in the home and saw that two complaints had been made. We saw that appropriate action had been taken, for example the recording of the complaint and a written response to the complainant. With one complaint a meeting had been held so that all parties could discuss the complaint in detail which satisfied the person concerned.

We saw that a range of thank you cards and letters that complimented the service provided and the staff. Comments included "To staff at Warrens Hall a few words to express our thanks for the care and kindness shown." And "Special thanks to the staff at Warrens Hall for the outstanding care".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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