

***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: 28 January 2014

Date of Publication: February 2014

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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ 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 looked at the personal care or treatment records of people who use the service, carried out a visit on 28 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We 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

Some of the people who lived at the home had dementia and were not always able to tell us about their experiences. We observed how people were cared for, how staff supported them and staff interaction with people who was unable to make decisions about their care. We spoke with four people living in the home, five relatives, four staff and the manager. All four people spoken with were complimentary about their care and the staff. One person told us, "They (staff) have been great since I moved here lovely staff".

People's care and health needs were planned and met in a personalised way. All staff spoken with told us they had the information they needed to care for people safely.

Staff were clear about the action to take should they become aware of an allegation of abuse in the home. All four people spoken with told us they felt secure and knew who to tell if they had concerns and were confident that these would be acted upon.

Staff spoken with told us they felt supported by the manager, and had regular training opportunities. This meant staff had the skills to care for people safely.

There were systems in place to monitor how the home was run, and action taken where feedback from the people using the service would improve the service provided to them.

Records were well maintained clear and securely kept. One staff member told us, "We have the information we need to support people living here and everything is locked away."

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The manager told us and records confirmed that people were included in contributing to the planning of their care. Records showed that people or their relatives had been involved in identifying their care needs and what staff needed to do to meet them. All of the people spoken with told us they had been asked questions about their care and what was needed to make their care personal to them. People told us that information had been provided to them about the service. All relatives spoken with were happy with the care provided. One relative told us, "It one of the best. X has been there for five years and I could not ask for better care". Another relative told us, "I know everything they do for my relative because they keep me fully informed. Fantastic staff".

During our observations we saw that staff addressed people by their preferred names. Personal care was carried out in private and staff were discreet when speaking with people about their care. One person who used the service told us, "I have to make a decision if I want to stay here, staff are very good, and they make me feel like I am a person with rights and choices". We saw that people were encouraged to maintain independence as much as possible. A staff member told us, "Even if they can wash their own face then this gives them a sense of independence".

People experienced care and support that met their needs and protected their rights. We looked at two people's care plans. The care plans gave details about the individual's history, their care needs and who was involved in their care. Care plans had been reviewed each month and any changes to the way care and support was to be provided had been documented ensuring that staff were aware of changes in people's needs. We saw that risk assessments covered a range of issues including daily routines, emotional needs, eating and drinking, administration of medicines, communication and mobility. This ensured that risks to people were minimised and they were supported safely.

Staff spoken with were able to tell us in detail about people's needs confirming what was written in people's care plans. Staff told us about how people communicated and this was

confirmed during our observations. This meant staff had up to date information about each person to ensure their care needs were met.

People's health needs were being met, for example, we saw records for GP visits, dentist, physiotherapist, and dieticians. Where concerns had been identified, referrals had been made to other health care professionals.

People were protected from the risks of inadequate nutrition and dehydration. People were supported to be able to eat and drink sufficient amounts to meet their needs. Records sampled included guidance for staff on what people needed to eat and drink to remain healthy. Where needed, referrals had been made to a dietician. Their advice was included in the person's records. Staff told us they had a handover period at the beginning of each shift where the nurse informed staff about changes in people's needs, how they had been or if anyone was seeing the doctor so they know how to support people appropriately.

Not all of the people using the service were able to make every day choices about their care and social needs. The service ensured that where people were not able to make choices, relatives and healthcare professionals, were involved so decisions were made in the person's best interests. The provider may find it useful to note that not all discussions with family members were recorded. For example, when a decision had been made by a GP in relation to the treatment people received at the end of their life.

People's diversity, values and human rights were respected. We saw that people were dressed in clothes that were appropriate for their age, gender and time of year. People were supported to vote and express their preference in maintaining their religious beliefs.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All the staff we spoke with told us they were aware of the need to safeguard people from harm and were able to explain their role in protecting vulnerable people. Staff we spoke with were able to explain how they would report and escalate concerns. Staff told us that they had received recent training in safeguarding people and were encouraged to report poor practice. All the people we spoke with told us they would be confident raising any concerns with staff.

All staff spoken with were aware of the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS). This meant the staff would raise concerns and take the appropriate action to ensure people were protected.

The provider had clear guidelines in place of what to do in the event of suspected abuse to ensure the person was safe. The manager was clear about her responsibilities in reporting to the relevant authorities. A staff member told us, "Abuse is anything that makes the individual feel uncomfortable and I would have no hesitation in reporting concerns to the manager, social service or police. This meant that staff had the knowledge and skills they needed to keep people safe from the risk of harm.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at staff training records, which demonstrated that the training programme ensured that staff had regular updates to retain and develop their knowledge. All the staff spoken with told us that they had good training and were given the opportunity to say what further training they would like to have.

Staff told us they had regular meetings to discuss any issues affecting the service or the people who lived there. This meant the staff were given an opportunity to raise any concerns they had and discuss any changes or areas for improvements.

All relatives and the people who used the service spoken with told us, staff were very good, kind and respectful. One person told us, "The staff are a happy bunch, help you when you need it but also give you space".

All staff spoken with told us they had received regular supervision to help support them in their role. Staff told us they had good support from the management team and felt able to discuss any concerns or voice their views about the service during supervision sessions and if the manager could improve the service for people then she would.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about the service and these were acted on. All relatives spoken with told us when any issues had been raised in the past the manager was very fast to respond. One relative told us, "The staff are wonderful, they care for my relative really well, if you say something they bend over backwards to help". One person who used the service told us, "Since I have been here, I could not ask for better care, they (staff) are so good and always want to help".

We saw minutes of staff meetings where areas that needed improvement were discussed and action taken to resolve them. The following meeting showed that the issues were followed up to ensure that what the provider had put in place had been successful. This meant the provider monitored their own performance and addressed areas for improvement.

Surveys had been given to people so they could tell the provider their views about the service provided. We saw that previous surveys were positive and action had been taken where suggestions had been made for improvements. This meant the provider listened to people views and made improvement when required.

The manager told us that she was supported by the organisation and where areas for improvement were identified the provider took the appropriate action. For example a refurbishment of the home had been completed. The provider ensured the safety of staff and people who received a service by carrying out risk assessments and putting plans in place to minimise risks.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We saw a number of records that were detailed so staff had the information they needed to care for people. These included care plans, daily records, accident records, staff meetings, professional healthcare visits and detailed contact with families. We saw that care plans were clear and policies and procedure were in place for staff to refer to if they needed further clarity on subjects they were not clear about.

We looked at the daily records (this is where staff record information about the person on a daily basis). We saw that information was clear and showed that staff were aware of people's medical conditions, the choices they made. We saw that all records were kept securely. This meant people's information was held securely and was only accessible to people entitled to access them.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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