

Bupa Care Homes (ANS) Limited

Warren Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Warren Lodge Care Home is a residential care home providing accommodation with personal and / or nursing care to up to 64 people. The service provides care and support to older people, people with complex nursing needs and people living with dementia. The service is arranged across 2 levels with lift access. At the time of our inspection there were 61 people using the service.

People's experience of using this service and what we found

People told us they felt safe and were happy living at Warren Lodge. One person said, "I am happy. I always have a good sleep and I go to the dining room." A relative told us, "They keep [relative] safe and the staff are lovely." Another relative said, "[Relative] is safe and they're good at caring for them. The staff are nice to them, and they like it here. They are good at phoning me if there's a problem."

Warren Lodge followed safe and robust recruitment practices and there were enough staff deployed to provide safe care. People and relatives were complimentary about the staff and described them as kind, friendly, knowledgeable and respectful. One person said, "The carers are very good. If I need anything I just walk to the office." Relatives told us their loved ones were treated with dignity and respect.

Risk assessments were up to date and people received care and support from staff who knew them well. Medicines were managed safely, and lessons were learned when things went wrong. There were effective infection control procedures in place and people and relatives told us rooms were always kept clean and tidy.

People were encouraged to join in with group activities where this was possible, and staff engaged regularly with people who were cared for in their rooms. Any concerns or complaints raised had been investigated and resolved.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Effective quality assurance processes were in place to monitor the service and regular audits were undertaken. A new manager had been appointed since our last inspection and staff told us they found them approachable and supportive with an open-door policy. Relatives also spoke very positively about the new manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 29 July 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service remains good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Warren Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Warren Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Warren Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Warren Lodge Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection a new manager had been in post for 2 months and had applied to register. CQC are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who lived in the service and 16 relatives about their experience of the care provided. We observed multiple interactions between people and staff throughout the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 11 members of staff including the manager, clinical lead, area director, nurses, care staff and support staff. We reviewed a range of records including 6 people's care records and multiple medication records. We looked at 3 staff recruitment files. A variety of records relating to the management of the service were reviewed including health and safety checks, meeting notes and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident that actions would be taken if they were to report something. Staff told us they had training in safeguarding.
- Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed staff cooperated with investigations. Lessons learned were shared.
- People and their relatives told us they felt safe and liked living in Warren Lodge. One person said, "There is nothing worrying me; I feel happy." One relative said, "[Relative] is being safely cared for and I have no concerns." Another relative said, "I think [relative's] day to day personal care is very good and the carers are excellent."

Assessing risk, safety monitoring and management

- People had risk assessments in place. They were clear, comprehensive and up to date. They contained enough information for staff to provide safe care and manage any risks, such as falls, skin damage or choking. The provider used recognised tools for assessing risks such as skin damage or malnutrition.
- Where people required monitoring charts such as weight, fluids or repositioning, these were in place and had been completed correctly. Where people required pressure relieving mattresses, the required settings were documented and checked regularly. People received safe care and treatment by staff who knew them well. Relatives confirmed staff knew people well. One relative told us, "They understand [relative's] needs and treat them well."
- The provider had a robust system in place for regularly reviewing the care plans and risk assessments and these were up to date. Any changes in a persons' needs were shared with staff during handover meetings which were documented. Relatives told us they were updated if there were any changes to their loved one's care. One relative said, "They always let us know if anything has happened or if there are any changes to the care plan." Another relative said, "If anything happens they keep me in touch with regular updates."
- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. Each unit had a maintenance folder which was checked daily so that faults could be rectified without delay. Staff had been trained in fire safety and knew how to move people safely if the alarm sounded. Staff attended evacuation training.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found staff were working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The manager had made appropriate DoLS applications to the local authority and there were systems in place to keep these under review.
- Decision specific mental capacity assessments had been completed. Best interest decisions were made with input from appropriate people, and these were documented.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. Some relatives felt staffing levels were lower at weekend, but the rotas showed a consistent number of nurses and care workers throughout the week. The manager used a dependency tool, updated regularly, which helped the manager to calculate the number of staff needed. Regular agency staff were deployed to fill any gaps.
- Staff were recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. This helps employers make safer recruitment decisions.
- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their personal identification number to confirm their registration status. Nurses were supported to keep their registration up to date.

Using medicines safely

- Medicines were managed safely in line with national guidance. Medicines were stored securely in clean, temperature-controlled conditions. Medicine administration records were completed accurately.
- Medicines were administered by nurses or senior care workers who had been trained and assessed as competent by the clinical lead. Training and competency records were up to date.
- Medicines were audited regularly by nurses and monitored by the clinical lead and manager. Medicine errors were documented, investigated and lessons learned shared during clinical meetings and daily staff meetings.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

Warren Lodge welcomed visitors at any time, there were no restrictions in place. We saw visitors coming and

going freely during the inspection.

Learning lessons when things go wrong

- There was a robust system in place for recording accidents and incidents and staff knew what to do if someone had an accident. Records had been completed and were up to date. Professional advice was sought if necessary, for example, from the GP or emergency services.
- Accidents and incidents were investigated. Investigation records were thorough and included actions plans and lessons learned. Actions were taken to prevent recurrence, such as low-rise beds, crash mats and reassessments of risks.
- Analysis of incidents and key clinical indicators, for example, falls, weight loss or infections were carried out to identify trends and reduce the risk of recurrence. These reports were shared with staff at regular meetings.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last comprehensive inspection, we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were personalised and reflected people's preferences in all areas. For example, food likes and dislikes, how they liked to take their medicines, gender preferences of people giving personal care, and spiritual or religious needs. Daily care notes were detailed.
- There was an activities team and a programme of activities on offer. Some were group activities, and some were individual sessions. Activities that people had enjoyed, or not enjoyed, were documented in their daily notes. This gave staff a flavour of how a person had spent their day, what they had enjoyed and how their mood had been affected. For example, one person had been sad and anxious, but after one-to-one time with an activity coordinator they had settled and were happy.
- People told us there were things for them to do. One person told us they liked to do knitting as it kept them busy. Another person said, "I have lots of things I like to do." Activities were adapted for people who stayed in their rooms. For example, one person liked to do colouring in their room, and we saw their artwork up on their wall.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were observed communicating effectively with people. When people required spectacles or hearing aids, staff made sure they were working, and people used them properly to support better communication.
- For people whose first language was not English or had other communication needs, there were picture cards to aid day to day communication. There were various pictorial signs about infection control and hand hygiene around the service.

Improving care quality in response to complaints or concerns

- The manager had a proactive approach to complaints and concerns raised about the service. Complaints were investigated and outcomes shared with complainants in accordance with the company's time scales. The provider had an internal escalation process to follow if people remained unhappy with the outcome of their complaint.
- Where there had been mistakes, the provider had been open and honest with people. They had

apologised and learnt lessons from the incident. A relative told us the manager had contacted them straight away after an incident to explain what had happened and apologise.

- People we spoke to, and their relatives knew how to raise concerns and told us staff were responsive. Relatives told us that any issues they raised were resolved quickly. One relative told us, "If you ask them anything, you get a straight answer." Another relative said, "If I have any concerns I talk to a manager or the receptionist, they're very, very helpful."

End of life care and support

- The service was able to provide end of life care and support which enabled people to remain in the service if their needs increased and not have to move to a new service. The service was not supporting anyone at the end of their life during the inspection.

- However, care plans included clear instructions about end of life care wishes. These plans had been written in partnership with the person and their relatives if appropriate.

- Staff worked with other health care professionals, such as specialist nurses, hospice teams and GPs to provide end of life care when required. Medicines were available to keep them as comfortable as possible.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had been through a difficult period with staffing levels following some internal investigations around the culture of the service. However, there was a new manager in place who promoted a positive culture amongst the staff team where people felt empowered and involved.
- Staff told us the manager had an inclusive approach, was open and honest and nothing was hidden. They told us there was an open-door policy and that teamwork and morale had improved.
- People and their relatives told us they trusted the staff and managers. One relative said, "The manager is accessible and friendly; the door is open." Another relative said, "It is so lovely here. The atmosphere is welcoming and friendly and staff treat it like it ours or our relative's home". A third relative said, "Things seem to work there; it's clean and orderly and they have a good understanding of the people they support."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were invited to meetings and encouraged to contribute. Staff felt supported and thought their wellbeing was important to managers. Staff told us their birthdays were recognised.
- The manager had introduced engagement champions which was having a positive impact on how staff felt involved with the service. The engagement team organised events for staff, for example, dress down Friday, pizza and doughnuts. The manager had introduced a 'make a wish' event where staff could wish for something for themselves, for example, Amazon vouchers.
- People and their relatives were asked their opinions on the service, either individually or via the feedback survey. Relatives told us they had been invited to meetings where they discussed various elements of the service, such as, activities, food and care. We saw activities on the future planner that relatives had suggested at the meeting, for example, walks outside when the weather improved. The manager was planning to start coffee mornings for relatives and reintroduce regular newsletters.
- Some relatives asked if they could have some information about the various types and stages of dementia. The manager arranged for a specialist in dementia care to visit the service to meet with relatives. This session was well received; relatives told us it had helped them to understand their loved one's behaviour and why it differed to other people. One relative said, "They have taught us about [relative's] condition and it has really helped us to understand their behaviour. They are so knowledgeable and informative."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Relatives told us, and records confirmed that staff were in regular contact with them when there had been any changes or in the case of an accident or incident. One relative told us communication had improved. Another relative said, "Overall, I think they are open, and they do engage with people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of our inspection, the service did not have a registered manager. However, a new manager was in post, and they had submitted their application to register. CQC were assessing their application.
- There was a clear management structure; nurses and care staff understood their responsibilities to meet regulatory requirements. A new role of unit manager had been introduced to provide support to the management team and nurses. Staff told us the management team were supportive and approachable and they felt confident to report any concerns. Staff told us Warren Lodge was a good place to work.
- The manager met daily with heads of departments to ensure that key messages about people were shared in a timely way. Daily handover meetings were held to ensure staff had up to date information about the people they were supporting. All meetings were documented.
- The provider had a robust quality monitoring process. A range of audits were undertaken regularly, for example, infection control, medicines, care plans and clinical indicators. Audits results and outcomes were reviewed by senior managers and a quality team. Care records were comprehensive and up to date.
- Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. The manager had correctly submitted notifications to CQC.

Continuous learning and improving care; Working in partnership with others

- Nurses attended regular clinical meetings where key clinical indicators were discussed, such as wound management, weight loss and falls prevention. Action plans were in place to ensure issues were addressed and reviewed, for example, referrals to dieticians if a person was losing weight. The manager had introduced the role of 'lounge duty', which had contributed to the reduction in the number of unwitnessed falls.
- The management team and staff were committed to continuous improvement and lessons learned from incidents, accidents or complaints were shared with the team. The manager promoted a 'theme of the month', which was a specific learning topic based on feedback or concerns received. Such themes included personal care and oral healthcare.
- The manager worked in partnership with local health and social care teams and had a good working relationship with safeguarding and commissioning teams. Feedback from professionals indicated an improvement in partnership working with the manager and staff team and better communication. The manager had liaison meetings with the GP's which were working well.
- Nurses communicated regularly with other health professionals, such as dieticians, speech and language therapists, specialist nurses and hospice teams. The manager told us community based healthcare professionals such as the home treatment team and the frailty team had been very supportive.