

Phoenix Healthcare Limited

# Warren Lodge Care Centre

## Inspection report

Warren Lodge  
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Berkshire  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Warren Lodge Care Centre is a residential care home registered to provide personal and nursing care for up to 55 people. At the time of inspection there were 39 people living in the home. The service supported people requiring care for reasons of age and frailty, some of whom were living with the experience of dementia. The service was divided into two units known as the Main House and the Courtyard. The Courtyard was designed and adapted specifically to meet the needs of people living with dementia.

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

People experienced safe care and were protected from avoidable harm by staff who had completed safeguarding training and knew how to recognise and report abuse.

Staff identified and assessed risks to people effectively and managed them safely. Assessment and monitoring records demonstrated that people received the support required to keep them safe, in accordance with their risk assessments and support plans. Staff assessed all aspects of people's physical, emotional and social needs and ensured these were met to achieve good outcomes for them.

The registered manager ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs.

Staff were effectively supported to develop and maintain the required skills and knowledge to support people according to their needs. Staff had completed a robust recruitment process, including their conduct in previous care roles to assure their suitability to support older people.

People received their medicines safely from staff in accordance with their medicine management plans and recognised best practice. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with provider's policies and procedures, and government guidance. Accidents and incidents were recorded and reviewed daily by the management team, who took prompt action to implement any lessons learned.

The management team led by example and promoted a strong caring, person-centred culture where people and staff felt valued. Staff were passionate about their role and placed people at the heart of the service, clearly demonstrating the caring values of the provider.

The registered manager understood their responsibilities to inform people when things went wrong and the importance of conducting thorough investigations to identify lessons learnt to prevent further occurrences.

The registered manager and staff worked effectively in partnership with external health and social care professionals to achieve good outcomes for people with complex needs.

The registered manager ensured there were robust measures to monitor quality, safety and the experience of people within the service. Quality assurance was embedded within the staff culture to drive continuous improvement.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (report published 1 October 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

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.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Warren Lodge Care Centre

## 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 Care Act 2014.

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 completed by two inspectors.

#### Service and service type

Warren Lodge Care Centre is a 'care home' without nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority, community professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed the provider's website and used the information the provider had sent us in the provider information return.

This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, the deputy manager, four senior healthcare assistants, four healthcare assistants, the chef, the housekeeping manager, the lifestyle enrichment manager and administration manager. We also spoke with the nominated individual, who is responsible for supervising the management of the service on behalf of the provider. We spoke with two visiting healthcare professionals.

We observed care during mealtimes, social activities and medicines administration rounds to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included three people's care records, medicine records and daily notes. We looked at six staff files in relation to recruitment, staff training and supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures, accidents and incidents and quality assurance audits.

#### After the inspection

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with ten health and social care professionals, a religious minister and six relatives of people who lived in the home.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found the management team and staff had made significant improvements in how they assessed and took action to mitigate people's risks. However, there remained some areas for improvement regarding the consistent recording of specific risks and aspects of care in relation to pressure area management and oral hygiene care.

At this inspection people's risk assessments consistently identified and recorded the risks to people in relation to pressure area management and oral healthcare and how to manage them safely.

- Professionals consistently told us the improved assessment and management of risks identified at our last inspection had been sustained and become firmly embedded within the staff culture.
- Staff effectively used recognized, evidence-based assessment tools to anticipate people's risks and needs, to support them to maintain their health and wellbeing. For example, the service utilised assessment tools, installed specialist equipment where required and accessed support to manage risks to people's skin integrity.
- Staff effectively identified and assessed other risks to people. For example, people had comprehensive management plans to protect them from the risks of choking, malnutrition and falling.
- Assessment and monitoring records demonstrated that people received the support required to keep them safe, in accordance with their risk assessments and support plans.
- Staff knew people's individual risks and how to support them safely to reduce these risks. Risks to people associated with their behaviours which may challenge others, were managed safely to protect people and staff. We observed timely and sensitive interventions by staff preventing an escalation of such behaviour, ensuring people's dignity and human rights were protected, whilst keeping them and others safe. Any restrictions were minimised to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other needs.
- The environment and equipment were safe and well maintained. Relevant safety checks had been completed and documented. Where safety checks identified action was required, records demonstrated this had been completed as soon as practicable. Staff supported people to have safe baths and showers by consistently checking and recording water temperatures.
- There were comprehensive contingency plans to address any foreseeable emergencies, such as fire, flood or contagious illness. Risks in the home were reviewed and there was a robust management process for monitoring and maintaining safety, such as fire, health and safety and infection control.
- People had individualised personal emergency evacuation plans (PEEP). The PEEPs provided essential information related to a person's mobility and ability to follow instructions, required to carry out a safe emergency evacuation process.

- The registered manager completed reflective sessions where they reinforced good practice and highlighted lessons learnt after regular fire safety and evacuation drills.
- The service shared information about risks consistently and reliably, including in handovers and other meetings, one-to-one supervision and other formal and informal ways.
- We observed the morning handover and the deputy manager briefing the GP practice paramedic before the weekly ward round, where relevant information was provided. This ensured staff and visiting healthcare professionals were provided the most up-to-date information regarding people's changing needs.

#### Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt confident in their safety. One person told us, "Yes I am very safe. The nurses [staff] really care here. They are all so kind." Another person told us, "They always take care of me when I'm poorly or if something is worrying me." One person's relative said, "You only need to speak to [registered manager] he is so dedicated to the residents here and you can see that has rubbed off on all the staff. I don't think [loved one] could be in a safer environment."
- Staff had training in safeguarding and understood signs of abuse, such as changes in people's behaviour or physical signs, such as bruising. One relative told us, "They [staff] are very caring here and I think that helps them act quickly when people are poorly. They are very good at letting me know if they are worried about [loved one]."
- The provider had systems, policies and processes in place which meant that any concerns were reported appropriately to relevant authorities and investigated.
- Staff knew the procedures to report concerns. They were able to describe various forms of abuse, as well as the protocol to follow. Staff consistently told us they would whistleblow to the local authority safeguarding team or the CQC if they felt the provider had not acted upon their concerns. One staff member told us, "If I thought someone was being hurt or abused I would immediately intervene and make sure they were safe, then immediately tell the manager." Another staff member told us, "It won't ever happen while [registered manager] is here but if I was worried about the managers not dealing with things I would phone you [CQC] or the council safeguarding."

#### Staffing

- People and relatives consistently told us people experienced good continuity and consistency of care from regular staff, who knew them well.
- The registered manager completed a staffing needs analysis, based on people's dependency assessments. This ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely. Rotas demonstrated that sufficient suitable staff were consistently deployed in accordance with the dependency tools and assessed staffing needs. Staff deployment was managed effectively to ensure they were readily available whenever people required support. People were not left alone in areas without staff presence.
- The registered manager told us that staffing was constantly reviewed to ensure more staff were recruited to enable the occupancy level to grow without compromising safety or quality of care.
- Housekeeping staff told us there were enough staff to complete their designated tasks and they were able to stop and chat with people.
- Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

#### Using medicines safely



- People were supported to manage their medicines safely by staff who followed safe practices. For example, people received their medicines as prescribed, at the right time, in a way they preferred, in line with their medicine management plans. We observed staff supporting people to take their medicines in a safe and respectful way. For example, people were consistently asked if they were ready for their medicines by staff who took time to explain their medicines to them. They were then given time to take them, without being rushed.
- The provider had policies and procedures in place, which staff followed effectively to ensure medicines were managed safely, in accordance with current guidance and regulations. Staff were trained to administer medicines safely and their competency to do so was checked regularly.
- Where people had medicines 'as required', for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and about how to record their use. We observed a senior care staff member explore people's pain relief requirements in a very kind and caring way.
- The registered manager completed regular reviews of people's medicine management plans to ensure continued administration was still required to meet their needs.

### Preventing and controlling infection

- Staff had completed food safety training and correct procedures were followed wherever food was prepared.
- People, relatives and community professionals consistently told us the home was kept very clean. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with the provider's policies and procedures, which were based on relevant national guidance. Cleaning schedules demonstrated that daily, weekly and monthly tasks had been completed, including enhanced cleaning of identified 'high touch' areas.
- The service ensured that visitors to the home were carefully screened so that they did not present a risk to people in the home. Visitors had to complete a negative COVID-19 test and have their temperatures checked before being allowed entry to the service. Personal protective equipment (PPE) including face masks, disposable gloves and aprons were provided for visitors before entering the home.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- The registered manager had developed an open culture, where staff felt confident to report incidents. All accidents and incidents were recorded and reviewed daily by the management team, who took prompt action to implement any lessons learned. This meant the provider had taken necessary action to reduce the risk of further incidents and accidents. Incidents were also used as a way of measuring the impact of any intervention and as a measure of quality and safety.
- Staff told us they had no concerns reporting any incidents that took place and these were treated as learning opportunities to improve people's care. Staff received feedback about incidents and events that occurred in reflective practice sessions, team meetings and handovers. Staff were kept up to date with

information relevant to them, such as changes in people's support plans.

# 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 the last inspection this key question was rated as required improvement. At this inspection this key question had now improved to good. This meant the service was consistently well-managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the registered manager had introduced a new quality assurance system. However, the registered manager was unable to demonstrate the system had become embedded and was sustainable.

At this inspection we found there were robust measures in place to monitor quality, safety and experience of people within the service. Quality assurance was embedded within the running of the service and each member of staff had clear responsibilities relating to this.

- There was clear and direct leadership from the registered manager and deputy manager, leading by example, which set their expectations and approach for all staff to follow. The registered manager and deputy manager had extremely good oversight of the service delivery and spent time each morning exploring the views of people and staff about the safety and quality of the care provided.
- The governance structure ensured there was oversight at every level, with the deputy manager and other specific staff responsible for regular audits. Further reviews were carried out by the registered manager and an annual review by the provider which reflected the fundamental standards and regulations. Each review set clear improvement actions, which were completed within specified target dates.
- Audits effectively monitored care plans to ensure they accurately reflected people's changing needs so staff had the necessary information to support people safely and consistently achieve successful outcomes.
- Audits also covered a range of areas such as health and safety, care plans, medication, skin integrity, nutrition and hydration, staff training and supervision, infection control, and equipment used.
- The management team and designated staff were responsible for analysing quality assurance audits to identify themes and trends to identify future areas for staff learning and service development.
- Staff spoke passionately about their collective and individual responsibilities to assure the quality and safety of care people received. For example, staff consistently praised the registered manager, who had invested time to enable staff to understand and embrace their collective responsibility for quality assurance. One staff member told us, "He [registered manager] spent a long time with all of us explaining how he couldn't do everything alone and encouraged us to share the responsibility for making sure we do things right for the residents we love." Another staff member said, "He [registered manager] is so good at making us feel we [staff] are all equally responsible improving things and highlighting when things aren't right. It makes us all feel like we are helping to manage the home, which I suppose we are." The staff member went on to say, "I am really proud about how we [staff] have all pulled together and want to improve so our residents

get the best care possible." Such comments were a common theme throughout all conversations with staff.

### Working in partnership with others

At our last inspection external health and social care professionals, including GPs, paramedics and community nurses, community mental health team, dietitians and the local authority social workers consistently told us the registered manager and staff effectively worked in partnership with them to deliver high quality care. However, some professionals raised concerns with regard to the support of people with more complex needs.

At this inspection community health and social care professionals consistently made positive comments about the effective collaboration with staff to achieve successful outcomes for people with complex needs.

- The registered manager and staff worked effectively in partnership with external health and social care professionals. The service was recently contracted by a local authority to provide a rapid discharge from hospital service for up to five people. Commissioners of this service have consistently praised the responsive, flexible service provided by the registered manager and staff to support this initiative. For example, one commissioner told us, "I work on the hospital discharge team, which includes weekend working and there has been huge pressure for us to discharge people quickly and safely, and Warren Lodge Care Centre has been one of the care homes who are able to work with us over the weekend which has been excellent."
- Another health and social care professional praised the registered manager's person-centred approach whilst supporting challenging family members expectations, through the provision of high-quality care and clear channels of communication.
- Local authority commissioners of care told us people they supported consistently experienced good outcomes whilst living at Warren Lodge Care Centre. One commissioner told us, "[registered manager] is so kind, caring and approachable. I have found [registered manager] and the staff are responsive, nothing is too much trouble. People I placed at Warren Lodge recently were complex, at risk of self-neglect, with some behaviours which may challenge staff, however both settled well." Another commissioner told us, "The home has good links to health partners, such as speech and language therapy teams, mental health teams, district nurse service, which they use effectively to support their residents. One of my customers required a lot of input and intense support."
- A healthcare professional with specialised expertise in relation to nutrition and hydration praised the registered manager and staff for effectively implementing their guidance to improve the nutrition and hydration provision within the home. Analysis demonstrated this had a significant positive impact on the number of falls, urinary tract infections and pressure areas experienced by people. This had also led to a reduction in the level of people being prescribed with oral nutritional supplements.
- There was a team approach to understanding individual needs and changes in support and care. The staff were confident and clear about where and when to access medical assistance and treatment from health professionals when required.

### Continuous learning and improving care

- The registered manager had developed systems to effectively monitor and improve the service. This meant that people's care was consistently responsive to their needs and people were being supported in a way that was safe and personalised to them.
- The management team had completed comprehensive audits that identified shortfalls and how these needed to be actioned. The registered manager effectively assessed and monitored action plans, to ensure

identified improvements to people's care were implemented. This drove continuous learning and improvement within the service.

- Staff recorded accidents and incidents, which were reviewed daily by the registered manager and deputy manager. This ensured the registered manager and provider fulfilled their responsibility to identify trends and took required action to keep people and staff safe.
- Staff received constructive feedback from the registered manager, which motivated them to improve, enabled them to develop and understand what action they needed to take.
- The registered manager was proud of the service's determination to develop the skills of all staff and had appointed champions in relation to dementia and moving and handling. The registered manager had mentored the deputy manager and a team leader who had been selected to complete a leadership course.
- Staff consistently told us that the management team readily acknowledged their achievements and work well done.

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

- People, relatives and health and social care professionals described the service as well managed and very organised. Relatives consistently told us that the registered manager was very approachable and readily available if people wished to discuss anything.
- The management team promoted a strong, caring, individualised culture in the home, where people and staff felt valued. People, relatives and health and social care professionals described the registered manager and deputy manager to be very conscientious and committed to the people living in their home, and that they led by example and provided good role models for staff.
- Staff were passionate about what they did and consistently placed people at the heart of the service, and clearly demonstrated the caring values and ethos of the provider. One person told us, "They [senior staff member] are as good as any nurse. Just look how she makes everyone feel." They continued to say, "I hope everyone gets care like this because it makes you feel loved and looked after by people who care." A relative told us, "[Registered manager's] kind and caring nature shines through every time I speak to him. He always wants to speak with me to make sure [loved one] is happy and if there is anything they can do to make them happier [loved one.]" Another relative told us, "During my visits, staff are very caring and kind to all residents. [Loved one] often tells me the staff are lovely and they [staff] all love him, which is reassuring to hear."
- The diverse staff group consistently demonstrated an open, inclusive approach, where people of all cultures and backgrounds were welcomed and appreciated for the value they brought to the home. A visiting religious minister told us, "The staff who greeted me were always meticulous in how I entered the building and we all wore masks etc. The care I saw was impeccable and when I rang the buzzer [to support person being visited] someone came immediately. The staff are super friendly and helpful and [registered manager] seems to be a very capable manager."
- The registered manager and staff team consistently demonstrated a unified, collective responsibility for promoting people's wellbeing, safety, and security. The registered manager had inspired and developed a 'total team approach'. Staff strongly felt the way they had followed and embraced the registered manager's vision and strategy had played a major part in the continual improvement in the service, which was readily acknowledged and recognised by the provider.
- The registered manager praised staff saying, "Our staff commitment has never been in doubt but now they have the confidence which comes from improved knowledge and better communication with each another. They spot things quickly and we take action."

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

- People and their families told us they felt fully engaged with the staff and the registered manager. They

consistently reflected that this was due to the warm and friendly approach of the staff team. One relative said, "Everyone here is so friendly and helpful, which I think flows down from the manager."

- Staff told us they felt able and were encouraged to spend time with people and talk with them, to nurture and build relationships with them based on trust and respect.
- The home sent newsletters and kept an active social media presence with events and activities going on in the home to keep families up to date. The lifestyle enrichment coordinator sent personalised emails to relatives to support people to keep in touch. During our inspection one person was supported during a family visit to video call their other relatives who lived abroad.
- There were residents' meetings regularly where people could express their views about the care provided and make suggestions for improvements.
- Before the pandemic, the home hosted regular reviews of people's care with families and utilised open events to speak with them and gain their views. The registered manager sent questionnaires to people, families and other stakeholders to get feedback about the quality of care. The registered manager took on board any feedback and implemented suggestions, such as activities or meal ideas.
- Staff felt empowered and engaged and that they were working with the management team for the benefit of the people living at Warren Lodge. One member of staff told us, "I think we were all a bit unsure at the start but [registered manager] has got everybody [staff] on board and the difference is amazing. The enthusiasm and energy levels to improve, well I think it can only get better."
- The registered and deputy managers continued to promote a positive, caring, transparent and inclusive culture within the service, which motivated staff to continue providing better care and support to people. One staff member said, "Communication between everyone has improved so much and the teamwork is much better. Everyone [staff] helps and supports each other without being asked. We know we can always improve but we [staff] know we can do it if we all pull together." Another staff member said, "I love working here because I love all of the residents and I feel part of something special, which is getting better."
- The 'can do' flexible approach of the registered manager and staff was a regular theme in positive feedback from external health and social care professionals. For example, one such professional told us, "Warren Lodge are very flexible, they cater for individuals' diverse dietary needs. For example, at one point I placed someone from [a specific cultural background] and they were able to adapt the meals to cater specifically for their needs."
- A person recently discharged to the home spoke a European language with little or no English. Staff members from countries bordering the person's country of origin with some shared linguistic characteristics had completed a compendium of useful expressions, which staff had enthusiastically learned. We observed staff interacting with the person, who smiled at staff efforts to make them feel welcome.

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 provider's policy identified the actions the registered manager and staff must take, in situations where the duty of candour applied. The registered manager assumed full responsibility when concerns had been raised or mistakes had been made.
- The registered manager understood their responsibilities to inform people, or their representative, when things went wrong, and the importance of conducting honest and transparent investigations to identify essential lessons to prevent further occurrences.
- Where concerns had been raised or accidents and incidents had occurred, the management team had completed thorough investigations and spoke directly to people to explain the circumstances, action they had taken and apologise.
- The management team took an open and honest approach to work with people and their families. Relatives praised the management team for being open and honest whenever they had raised concerns.

