

Warwick Park House Limited

Warwick Park Care Home

Inspection report

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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

Warwick Park Care Home is a residential care home providing personal care for up to 50 people. The service provides support to people requiring care and assistance. Some people were living with dementia. At the time of our inspection there were 42 people using the service.

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

At the inspection of the service in August 2019 we found breaches of regulation relating to the operation of the service. At this inspection we found the service had made improvement in all areas and were no longer in breach of regulations.

At the previous inspection not enough improvement had been made to ensure people were protected from risks associated with their health needs, lifestyle choices, medicines and the environment. At this inspection we found improvements had been made to ensure people's risk were being mitigated and the provider had met the outstanding breaches of regulation.

At the previous inspection we found the systems in place to monitor quality assurance and governance systems were not always robust and effective. At this inspection we found improvements had been made to governance and quality monitoring and the provider had met the outstanding breach of regulation.

The provider had used a recommendation at the previous inspection to improve the way it recorded medicines. All other aspects of medicine management were safe.

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.

Staff were recruited safely to ensure people were supported by staff who had undergone safety checks before they began working in the service. There were enough staff to meet people's needs and ensure their safety.

People supported by the service told us staff were always polite, reliable and professional in their approach to their work. They said, "All the staff go above and beyond. Never disappointed" and "They [staff] have made such a difference to my dependence. Couldn't have done it without them".

The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns. One person said, "Yes, I know how to make a complaint. The registered managers are very good, and I am sure it would get sorted out".

Staff were provided with personal protective equipment to protect people and themselves from the spread of infection.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement published 01 November 2019.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key questions safe and well led which contain those requirements.

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 has changed from requires improvement to good based on the findings of this inspection.

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?

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

Warwick Park Care Home

Detailed findings

Background to this inspection

Inspection team

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Warwick Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there were two registered managers in post.

Notice of inspection

This inspection was announced. We notified the registered managers 24 hours before due to the inspection being undertaken outside normal working hours. We needed to be sure essential staff would be available and there was full access to records.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. 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 of this information to plan our inspection.

During the inspection

We visited the service location on 17 September 2022. 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 seven members of staff including two directors, the registered managers and deputy registered managers. We spoke with one relative and four people living at the service.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has changed 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 provider was failing to ensure they were doing all that is reasonably practicable to manage and mitigate risks. At this inspection we found insufficient improvement had been made. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the previous inspection care records had not always had the detail and guidance of how people were to be supported, to reduce risks and maintain their safety. At this inspection the registered managers had taken action to ensure there was the level of information required to support staff in delivering safe care and responding to risk. For example, the electronic care reporting system had comprehensive detail about individual risks, including, dietary needs, skin care and dementia care and support. Staff we spoke with were knowledgeable about individual needs. One said, "The system is very good, and it gives us prompts to make sure we don't miss anything".
- At the previous inspection risks associated with some people's lifestyle choices had not always been identified or mitigated. At this inspection we found details were being recorded and action taken to ensure people's lifestyle choices were managed safely with the least restrictions. For example, staff were aware of people who chose to smoke and there were designated areas for this to happen safely. Other people chose to go into the community, and this was risk assessed so they were safe to do so and accompanied by staff if required.
- At the previous inspection we found people's medicines were not always stored or managed safely. At this inspection the registered managers had taken action to ensure systems for safe storage were robust and reviewed regularly to ensure they remained safe. For example, where people were assessed as having the competence to manage their own medicines safely, they had their own locked facilities. There was oversight and records for these medicines to be managed safely and securely. All other areas of medicines management were found to be safe. Staff had training and competence checks to ensure they were safe to administer medicines to people.
- At the previous inspection we found regular checks of the environment, the maintenance and safety of equipment had not been sufficiently undertaken to protect people from the risk of harm. At this inspection we found there was a formal system for recording, checking and reporting any hazards in the environment. All equipment and utility checks were in place to ensure they were safe and effective for people to use. The registered managers oversaw all the checks on a weekly and monthly basis.
- Risk assessments were detailed and guided staff in how to manage people's care safely. They covered areas such as skin integrity, personal care, mental health, behaviours and falls. Risk assessments for weight

management and nutrition and dependency levels had been undertaken.

- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Learning lessons when things go wrong

- Appropriate action was taken to learn from the events or seek specialist advice from external professionals to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as GPs, occupational therapists or physiotherapists, after incidents where people had fallen, or their mental capacity had deteriorated.

Using medicines safely

- At the previous inspection we recommended the service improved how it recorded and reported on medicines that were administered 'when required'. Also, those requiring regular monitoring. At this inspection improvements had been made to the recording and reporting of medicines. For example, there were regular audit systems now in place to ensure any errors were reported and records seen on inspection were complete. Where people were prescribed medicines to be taken when required. Policies and procedures were in place to support this.
- People received their medicines in a safe way, as prescribed for them.
- Staff received training and were checked to make sure they gave medicines safely.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines including those needing cold storage.
- Staff knew people well and administered these medicines safely and in a caring manner.
- Where people required medicine's, which required stricter controls systems, were safely stored and recorded.

Systems and processes to safeguard people from the risk from abuse

- The service had effective systems in place to protect people from abuse.
- Safeguarding processes and concerns were discussed at staff meetings. Staff knew how to report and escalate any safeguarding concerns. A relative told us, "I have every confidence in all the staff and feel [relative's name] is safe living here". A person living at the service said, "I feel very safe living here. Everyone is kind and patient".
- The registered managers were fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people. Staff understood procedures to raise safeguarding concerns internally and externally. Training supported staff to understand the principles of good practice in protecting people.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People's needs were responded to in a timely way. Staff told us they thought there were enough staff to support people. A person told us, "I never have to wait for long for staff if I need them". A relative said, "Whenever I visit staff are always around and available".
- Staff were recruited safely. Staff files showed a range of checks including references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). These ensured prospective staff were safe to work in the health and social care sector.
- Staff told us they felt valued by the management team. Comments included, "The registered managers are really supportive. It is a nice place to work," and "We all support each other. It is good teamwork."

Preventing and controlling infection including the cleanliness of premises

- 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.

The service was supporting visits from families and friends. Protocols were in place should there be any disruption due to Covid-19 outbreaks.

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 requires improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Registered managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

At the previous two inspections we found the registered managers and provider had failed to ensure systems were effective in assessing, monitoring and improving the quality and safety of the services provided. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- At the previous two inspections we found quality assurance and governance systems were not always effective in assessing, monitoring, and improving the quality and safety of the services provided. At this inspection we found improvements had been made. The computerised care planning system was fully implemented. Staff and registered managers used it effectively. Prompts were in place to remind staff and registered managers if actions were late or had not taken place. For example, reviewing care plans and monitoring health conditions.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. There was good oversight of the governance systems in place.
- Regular audits took place, and these were completed by the registered managers and senior staff members. These included checks on people's health, social needs and staffing.
- Important information about changes in people's care needs were communicated at staff handover meetings each day.
- There were effective quality assurance systems in place designed to drive improvements in the service's performance.
- There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at the service.

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 ethos of the service was to be open, transparent and honest. The registered managers understood their responsibilities under the duty of candour and reported accidents and incidents. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.

- The management structure at the service provided clear lines of responsibility and accountability across the staff team. There was good oversight of the governance systems in place.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

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

- There was a positive culture within the staff team and staff told us they felt supported by the management team. The registered managers had built an open and trusting relationship with all stakeholders. A staff member told us, "They [registered managers] are always approachable." A relative told us they found the registered managers to be approachable and supportive. One person told us, "The registered managers are around, and we often have a chat about things. They have been very helpful to me".
- People were being supported by the registered managers and staff to develop their life skills to enable them to live more independently and manage personal financial budgets more effectively.
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.
- People's care plans and risk assessments had been kept under regular review. Records demonstrated a person-centred approach to the care and support provided for people.

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

- The service had systems in place to positively engage with all stakeholders.
- The registered managers and staff had a good understanding of equality issues and valued and respected people's diversity.
- The service had managed effective communication during the pandemic by use of technology and holding interactive meetings and following government guidance on meeting safely in the service.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service. A member of staff told us, "it is so important to treat and respect people for who they are. Everybody has had a different experience."

Continuous learning and improving care

- The registered managers and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered managers and senior staff completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service. Resources were made available to continually develop the service.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.