

Warwick Park House Limited

Warwick Park Care Home

Inspection report

17 Butt Park Road
Plymouth
Devon
PL5 3NW

Tel: 01752772433
Website: www.warwickpark.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Warwick Park Care Home is a residential care home providing personal care to up to 50 people with care and support needs. The service provides support to younger people, older people, people with a physical disability and people living with dementia. At the time of our inspection there were 40 people living at the service.

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

Risks were assessed and recorded. However, when changes in people's needs occurred, or when guidance was provided from healthcare professionals, this did not always trigger a review of the risks.

Care plans did not always contain accurate and current guidance and direction for staff on how to meet people's needs and was sometimes contradictory.

Some people had been assessed as being at risk of pressure damage to their skin. Pressure relieving mattresses had been provided. Some mattresses were not correctly set. There was no process in place to ensure mattresses were always set correctly for the people using them.

People received their oral medicines as prescribed. The service had recently moved to an electronic medicines management system. However, there were no protocols for medicines that were prescribed 'when required', or when people required their medicines to be given covertly or when people were self-administering their own prescribed medicines.

People had been prescribed creams and lotions. There were many gaps in these records. We were not able to evidence that people were having these applied as prescribed.

Care plans provided some guidance for staff on how to meet people's needs. However, we found gaps in the records where care had not been recorded as required. We judged this was a recording issue and we found no impact on people as a result of this recording concern.

There was an audit programme in place to help identify any areas of the service that may require improvement. However, some audits were not effective as they were not accurate.

There had been a serious event which had taken place at the service prior to the current registered manager taking up their post. This event had not been notified to CQC as required.

We had received concerns from visiting healthcare professionals regarding the service being cold. They told us, "It is often cold in Warwick Park." A new boiler had been installed a few weeks prior to this inspection. During the first few hours of our inspection the service was not warm throughout. Inspectors found that most of the radiators had been turned off. This was addressed by the registered manager.

There were malodours throughout the service. The carpets throughout the service were worn and marked. The passenger lift was out of use and had been for several months. A stair lift had been installed to ensure people were not impacted by this.

Some staff training needed updating and not all staff had received supervision since the registered manager took up their post in January 2023. However, registered manager and the nominated individual were working through a service improvement plan which was addressing this issue.

The recruitment processes were satisfactory. The service had sufficient numbers of staff to meet people's needs.

The registered manager was supported by two deputy managers, the provider and the nominated individual. Regular meetings took place to review the actions in the service improvement plan and there was evidence of improvements being made.

There were effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.

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; however, the policies and systems in the service did not support this practice as the records held by the registered manager for people, who required restrictions to be placed upon them, were inaccurate.

Staff worked within the principles of the MCA and sought people's consent before providing personal care and assistance. Staff were observed providing kind and caring support.

People, staff and relatives had recently been asked for their views and experiences by the manager and the provider. Responses had not yet been received. A residents meeting and a staff meeting had been held since the registered manager took up their post.

The registered manager understood their responsibilities under the duty of candour.

Staff had been trained in the effective use of Personal Protective Equipment (PPE). We observed some staff wearing PPE to help protect people from the risk of infections.

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:

The last rating for this service was good (6 October 2022).

Why we inspected

The Care Quality Commission (CQC) had received concerns in relation to people's care needs not always being met and poor governance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

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.

Enforcement

We have found breaches in relation to safe care and treatment, good governance and failure to notify CQC as required at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Warwick Park 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.

Inspection team

The inspection was carried out by four inspectors and an Operational Performance Development manager.

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.

Registered manager

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 was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. We used information sent to us by the provider in their PIR. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We reviewed 10 people's care plans and risk assessments. We reviewed staff training and supervision. We also reviewed other records relating to the management of the service. We spoke with 4 people who lived at Warwick Park, 9 staff, the registered manager and two deputy managers. Following the inspection visit we spoke with the provider, the nominated individual and the local authority.

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. At this inspection we have rated this key question requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks. However, the care records and risk assessments were not always updated to take account of changes in a person's needs. For example, when people lost weight. We found that people were being provided with supplements and fortified meals, but this was not always recorded in the care plans. We saw staff were providing appropriate support, but it had not always been recorded. Records held by the kitchen staff regarding people's food and drink requirements were not up to date. This meant a consistent approach could not be ensured.
- Some guidance in care plans was not being followed. For example, some people had been assessed as requiring regular re-positioning. We found gaps in these records of up to 10 hours. We were assured by staff that the required care and support was being provided but they did not always record this. Whilst we found no impact on people as a result of this concern, there was a risk of people developing skin damage if staff were not always following the guidance in care plans.
- Some guidance in care plans was contradictory. For example, one care plan stated a person needed to be re-positioned every 2 hours then in another part of the care plan it stated every 4 hours. This meant staff did not have clear direction to provide consistent care. Some guidance was out of date. For example, one care plan stated the person was on a foam mattress when they were on an air flow pump mattress. This meant there was a risk that people could sustain skin damage as staff did not have clear guidance.
- Some people required specific care provided related to their continence needs. Care plans did not provide sufficient detailed guidance for staff on how to provide this care. We spoke with staff and established they had received training and were providing appropriate care. However, the service used agency staff and these staff would not know people's needs well and they were not provided with the information to provide appropriate care.
- Health care professionals had raised concerns about how pressure area care is managed at Warwick Park. They had provided guidance and advice for staff on how to reduce the risks of pressure damage. Whilst we saw this guidance was being followed on the day of inspection, we found this had not always led to an updated care plan containing this guidance. Some people had been assessed as requiring pressure relieving mattresses and these had been provided. Care plans stated regular checks were to be made on these mattresses. There were gaps in these records. There were no records of checks to ensure mattresses were always set correctly for the people using them. Some mattresses were not correctly set for the person using them. The service was using agency staff to cover some shifts. These staff were not always familiar with people's needs and without clear guidance in the care plans, this meant people were at risk of sustaining pressure damage.

- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. We were provided with the information which was available to the Fire Service in the event of an emergency. This information contained the names of some people who were no longer present in the service and did not contain the names of all the people currently living at the service. This meant there was a risk the emergency services would not be aware of everyone living at the service and their needs, in the event of an evacuation being required.

The failure of the provider to ensure people were protected from risks is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks associated with behaviours that may challenge others and emotional wellbeing were well managed. Risk assessments guided staff on the action to take if a person became distressed and what measures needed to be in place to mitigate the risks associated with people's individual care needs. Staff were aware of this guidance, and we observed staff following it. People told us, "I love the staff they are the best thing about this place" and "The staff are good to me."

Systems and processes to safeguard people from the risk from abuse

- The service had effective systems in place to protect people from abuse.
- We observed staff supporting people in a safe manner.
- Staff had received training in safeguarding and whistleblowing. Staff understood to report any concerns they had to the management team.
- The management team were aware of their responsibilities to raise safeguarding concerns with the local authority to protect 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.

- Applications for people to have restrictive care plans authorised had been made appropriately. The registered manager had an audit file of people who they believed had an authorisation in place. These records had been audited regularly. We checked with the local DOLS team during the inspection. and it was confirmed that these records were inaccurate.

The failure of the provider to maintain accurate records was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff considered people's ability to make decisions for themselves and assessed capacity when it was appropriate.

Using medicines safely

- Some people were prescribed medicines to be taken when required (PRN) or covertly (hidden in food or drink). There were no protocols in place for staff to be guided on when and how to do this.
- Some people were self-administering their own medicines. There was no current assessment of the person's competence to do this or any recorded checks to ensure all medicines were being taken as prescribed.
- Some people were prescribed external creams and lotions to maintain their skin integrity. Care plans provided guidance to staff on when and how to do this. However, staff did not always record when they applied these creams. There were many gaps in these records, so the provider could not be assured that people had always received their creams as prescribed.
- These creams were not always dated when opened. This meant staff would not know when to replace the item as it would not be as effective.
- The registered manager told us all paper records had been stopped and all recording should be on the electronic system. Staff were not all clear how or where to record when they applied prescribed creams. They told us, "I am not sure if we are recording on paper or the electronic system. I just add in the comments," "We all record it differently. I am not sure what we are supposed to be doing to be honest" and "We are in the process of recording the creams on the electronic system, but we still do use paper cream charts."

The failure of the provider to ensure the proper and safe management of medicines contributed to the breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received their oral medicines as prescribed for them.
- Staff recorded oral medicines following administration on an electronic management system.

Staffing and recruitment

- Staff were recruited safely. This included pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider followed safe processes to make sure staff recruited were of good character and had the skills and knowledge to carry out their role safely.
- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. During the inspection we saw staff were responsive to requests for assistance and recognised when people needed support. Staff told us there could be times when they were short of staff but that any gaps were filled in by other members of the staff team. One staff member told us, "There are usually enough of us, but then we get some staff who go sick at short notice and that really makes a big difference to our workloads."
- Staff told us they worked well as a team. Comments included, "We have had some problems recently with our pay, but I love it here and I love the residents" and "I really enjoy my job. I thought about leaving but I would miss the residents too much. So we all support each other. The manager has been great with us."

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.

Visiting in care homes

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

Learning lessons when things go wrong

- There were processes in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.
- The registered manager told us they would be aware of any complaints or concerns raised. We saw concerns raised had been acknowledged, investigated and responded to appropriately.

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. At this inspection we have rated this key question requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There had been a serious incident which had taken place prior to the registered manager taking up their post. This incident led to a person requiring hospital care. A notification was not made to CQC as required.

The failure of the provider to inform CQC of a notifiable incident is a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager carried out a programme of audits. These were reviewed and monitored by the provider. However, some audits were not effective as they contained inaccurate information. For example, the DOLS authorisations audit contained inaccurate information and the PEEPS, which should be updated whenever there are changes in the people living at the service, were also inaccurate.
- A mattress audit was carried out and care plans contained mattress risk assessments which stated mattresses to be set according to the person's weight. One care plan stated, "Staff to check the setting of the mattress daily to ensure it is on the right setting for their current weight." Another care plan stated, "Mattress to be checked monthly." We found very few records to evidence these checks had been done. We asked staff about the incorrect mattress settings we found. They told us, "The mattress audit doesn't check the mattress setting. I think that the manager would check to see if mattresses are set correctly, but I'm not sure" and "Senior staff are supposed to check mattress settings when they do the medicines morning and afternoon."

The failure of the provider to ensure effective monitoring of the quality and safety of the service provided contributed to the breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were some concerns about the premises identified at this inspection. Prior to this inspection visiting healthcare professionals had raised concerns about the temperature of the service, and some people being cold. A visiting healthcare professional commented, "It is often cold in Warwick Park." The registered manager had been made aware of these concerns and stated they would keep an eye on the issue. A new boiler had been installed a few weeks prior to this inspection. Throughout the first few hours of the inspection visit inspectors found the service was not warm throughout. Inspectors found many radiators

were turned off. The registered manager acted and sent assurances the next day that the service was now warm throughout.

- The passenger lift at Warwick Park care home had been out of order for several months. The provider had installed a stair lift to help ensure people were not impacted. We found that people living on the first floor were able to come downstairs when they wished.

We recommend the provider take advice and guidance from a reputable source regarding the effective management of the service fixtures and fittings.

- There was a management structure at the service. However, some lines of responsibility and accountability across the staff team were not always clear. There had been concerns raised about poor communication between the care staff and management. A communication book had been put in place, which we saw was being used by visiting healthcare professionals. Staff told us the registered manager provided effective and supportive leadership to the staff team.
- Important information about changes in people's care needs was communicated at staff shift handover meetings. However, these changes were not always reflected in the care plans.

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 registered manager. We observed kind and caring support being provided.
- 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. Some people were living with dementia and were supported in a skilled and empathetic manner. A visiting healthcare professional told us, "The staff are caring and kind."

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 understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs, accidents or injuries.
- The registered manager was open and honest with inspectors and supported the inspection process, providing any information that was requested.
- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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. A survey had been sent out recently and the registered manager was waiting for responses. A residents meeting and a staff meeting had been held since the registered manager took up their post in January 2023.
- Staff had a good understanding of equality issues and valued and respected people's diversity. Staff were aware of people's rights and supported their wishes wherever possible.
- The service worked with health and social care professionals to help ensure people received support to meet their needs. Records demonstrated referrals had been made to enable people to access health and social services.
- Staff told us, "(Registered manager) is working really hard, they are great and trying their best and listens to us, but it is a lot of change that is needed," "The manager really monitors things more than before. We still have some way to go," "I can go to the manager with anything. They are approachable and listens" and "If

we need any equipment we just ask and we get it. Even when people's needs change quickly".

Continuous learning and improving care; Working in partnership with others

- When the registered manager took up their post in January 2023, they recognised shortfalls and areas of concern, this led to an external agency being commissioned to review the services' compliance with the Health and Social Care Regulations. The report from this review formed the basis for a comprehensive service improvement plan. The registered manager and nominated individual met regularly to complete actions associated with this plan.
- Records demonstrated appropriate referrals had been made to enable people to access health and social services.
- Some staff had not received supervision in 2023 and some training updates were due. The registered manager was aware of this issue, and we saw there was a plan in place to address this. They told us, "I have been faced with many competing priorities since I took up my post. It has been challenging. We have a plan to address things and we are making progress."
- A visiting healthcare professional told us, "We can usually find someone to help us. We see the manager when we visit. Sometimes there can be a bit of a delay in some of our requests being carried out, like ordering equipment, but we write in the communication book which is helping." The registered manager told us this was on one occasion, due to the manufacturer delay on delivery. The registered manager also told us that equipment was often privately sourced when assessed as required.
- Staff felt they could obtain support and guidance from and the registered manager, as their door was always open. Staff we spoke with were positive about the changes being made by the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the CQC of a serious incident as required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure people were protected from risks and failed to ensure people always received creams as prescribed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure effective monitoring of the quality and safety of the service provided to people