

# Shaw Healthcare Limited

# Warmere Court

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This focused inspection took place on 6 September 2018 and was unannounced. Warmere Court is a 'care home'. 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.

Warmere Court is situated in Yapton, Arundel, in West Sussex and is one of a group of homes owned by a national provider, Shaw Healthcare Limited. Warmere Court is registered to accommodate 40 people. At the time of the inspection there were 40 people accommodated in one adapted building, over two floors which were divided into smaller units comprising of ten single bedrooms with en-suite shower rooms, a communal dining room and lounge. These units provided accommodation for older people, those living with dementia and people who required support with their nursing needs. There were also gardens for people to access. The home also contained an unregulated day service facility where people could attend if they wished; however, this did not form part of our inspection.

The home had a registered manager. A registered manager is a 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run. The management team consisted of the registered manager, a deputy manager, a clinical lead and team leaders. An operations manager also regularly visited and supported the management team.

We carried out an unannounced comprehensive inspection of this home on 11 December 2017. The home was rated as 'Requires Improvement' for a third consecutive time and a breach of legal requirements was found. This was because although it was recognised that the registered manager had made significant improvements since being in post, there was a concern regarding the overall ability to maintain standards and to continually improve the quality of care. Records to document people's care, were not always completed in their entirety. Areas in need of improvement related to the sufficiency of staff to meet people's needs for those living in the residential units as well as staff's understanding and implementation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

We undertook this focused inspection to check that improvements had been made and to confirm that the provider was now meeting legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Warmere Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk). At this inspection we found that improvements had been made and the provider was no longer in breach of legal requirements. However, one area of practice that needed improvement, had been made, but needed to be further embedded in practice. This related to the monitoring and timely application of DoLS.

Staff were suitably trained and supported to enable them to meet people's needs effectively. There were sufficient staff to meet people's needs. People told us, and our observations confirmed, that when people required assistance from staff they responded promptly. One person told us, "The staff are very good. They

are very respectful and private. They are very good with the call bell. They will answer it straight away but if dealing with an emergency will come back as soon as possible".

People were protected from harm. Staff were vigilant and were aware of how to identify when people were at risk of harm. Staff demonstrated reflective practice and ensured that lessons were learnt when incidents and accidents had occurred. This helped to prevent reoccurrence. Appropriate actions were taken when there were concerns regarding people's safety and wellbeing. People could maintain their independence through the assessment of risks and appropriate measures had been taken to ensure that people were safe.

People's needs were assessed and met. People were involved in their care and able to discuss their needs and preferences. People's healthcare was maintained. They had access to registered nurses and external healthcare professionals to monitor their health. People received timely intervention when they experienced pain or a decline in their health. Medicines were managed safely and actions were taken when there were changes in people's needs and medicine requirements. There was a co-ordinated approach to people's healthcare. Infection control was maintained and people were protected from the risk of cross-infection.

People had access to a homely environment that had been adapted to meet their needs. Spaces for interaction with others, as well as private rooms, enabled people to choose how they spent their time. People were involved in decisions about the decoration of the home. People told us that they felt 'at home'.

The home was led and managed well. There was consistent, complimentary feedback from people, relatives, staff and health and social care professionals. They told us that the registered manager and their team were supportive, approachable and competent. A quality assurance process enabled the registered manager and provider to monitor the performance of systems and staff to ensure that people's needs were met. Partnership working and links with external healthcare professionals, as well as community projects, ensured that staff did not work in isolation and good practice was shared.

## 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 ●

We found that action had been taken to improve safety.

There were sufficient staff to meet people's needs. People's safety was maintained. Risks had been identified and people were supported in a safe way.

People were protected from harm. Staff understood the importance of ensuring people's safety and wellbeing.

People had access to medicines to maintain their health and ensure they were not in pain.

There was a reflective culture when incidents had occurred. People's care was reviewed and changes made to the care provided.

### Is the service effective?

Requires Improvement ●

We could not improve the rating of effective from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Systems had not always been in place to ensure that staff were working in accordance with Deprivation of Liberty Safeguards (DoLS).

Staff were skilled and had relevant experience to meet people's needs.

People had access to healthcare services to maintain their health and well-being.

People were happy with the food provided. They could choose what they had to eat and drink and had a positive dining experience.

### Is the service well-led?

Good ●

We found that action had been taken to improve the leadership and management of the home.

Good leadership and management ensured that people received good-quality care.

People and their relatives were involved in decisions that affected people's lives.

Quality assurance processes ensured the delivery of care and drove improvement.

The management team maintained links with other external organisations to share good practice and maintain staff's knowledge and skills.

# Warmere Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

This focused inspection took place on 6 September 2018 and was unannounced. The inspection team consisted of two inspectors, an assistant inspector and an expert-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. In this case the expert-by-experience had experience of older people's services.

Prior to this inspection we looked at information we held, as well as feedback we had received about the home. We also looked at notifications that the provider had submitted. A notification is information about important events which the provider is required to tell us about by law. Prior to the inspection we had not asked the provider to complete a Provider Information Return (PIR). This was because the inspection was unannounced and we were returning to the home to ensure improvements had been made. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we contacted the local authority for their feedback about the home. During our inspection we spoke with five people, five relatives, eight members of staff, a visiting healthcare professional, the deputy manager and the registered manager. We reviewed a range of records about people's care and how the home was managed. These included the individual care records and medicine administration records (MAR) for seven people, staff records, quality assurance audits, incident reports and records relating to the management of the home. We observed care and support by spending time observing the lunchtime experience people had and the administration of medicines.

The home was last inspected on 11 December 2018, the home was rated as 'Requires Improvement' and we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service safe?

## Our findings

We have inspected this key question to follow up on areas identified as needing improvement at our previous inspection on 11 December 2017. These related to the sufficiency of staff within the residential units. Some people, relatives and staff told us that people sometimes had to wait for support from staff. In addition, one person who chose to pursue a lifestyle choice did not have a documented risk assessment identifying the associated risks and control measures to ensure theirs and others safety. At this inspection it was evident that improvements had been made.

There were sufficient staff to meet people's needs. People told us that when they required assistance there was staff available to assist them. Observations showed that when people called for staff's assistance they received this in a timely way. Staffing levels had not increased since the last inspection. However, consideration of people's needs was made prior to them moving into the home. Their needs were then considered alongside the needs of people who were already residing in the home. This enabled the registered manager to monitor the level of support people might need and ensure that they balanced this with the needs of others to ensure that there was sufficient staff.

Risks to people's safety were identified and assessed. When appropriate, people had been involved in the development and review of risk assessments. These were person-centred and enabled people to remain as independent as they wished. Staff were made aware of risks to people's safety through verbal handovers, handover records and meetings, as well as having access to documented risk assessments. Staff showed a good awareness of people's needs and preferences and supported people safely.

People were protected from harm. People and their relatives told us that people were safe and that they felt secure and well-cared for. One person told us, "I feel safe because I know people are here and the call bell. I call it my life-line". Staff were aware of their responsibility to ensure people were safe. They knew how to identify and raise concerns about people's wellbeing and safety. People told us that they felt comfortable to raise concerns with staff and were confident that these would be listened to and acted upon. When there had been concerns about people's wellbeing, the registered manager had either raised these to, or worked with, the local authority to ensure people's safety and wellbeing was maintained. Staff ensured that practices that restricted people's freedom were minimised. When people demonstrated signs of apparent anxiety or distress, staff supported them appropriately, using distraction techniques and engagement, as opposed to physical restraint, to manage potentially challenging situations.

The provider ensured that people were supported by staff who were safe to work within the health and social care sector. Pre-employment checks had been conducted as well as staff's employment history and references obtained. Documentation confirmed that nurses had current registrations with the Nursing and Midwifery Council (NMC).

Accidents and incidents that had occurred had been recorded, monitored and analysed to identify trends. Information from the analysis was used to inform staff's practice and supporting documentation. For example, risk assessments and care plans were updated to reflect changes in people's support requirements.

and needs. Environmental risks had been assessed and safety measures implemented. Regular checks on equipment ensured that people were supported to use equipment that was safe. Infection control was maintained. The home was clean and staff had access to personal protective equipment when supporting people with their personal care needs. Waste was disposed of appropriately to minimise the risk of cross-contamination.

There were safe systems in place with regards to the storage, administration and disposal of medicines. People were supported to take their medicines by registered nurses and trained staff. Staff were respectful when administering medicines and involved people in the process, explaining their actions and respecting people's wishes when they refused medicines. Some people administered their own medicines, whereas others required assistance from staff. There were clear guidelines for staff to follow. These identified people's needs and preferences and informed staff of how to administer people's medicines safely. People told us, and our observations showed, that when people experienced pain they had access to regular pain relief medicines. The registered and deputy managers, as well as registered nurses, had taken appropriate action when they had experienced difficulties administering one person's medicines. One person's health condition had deteriorated and staff had found it increasingly difficult to administer their medicines at the prescribed times. The person would often not wake or cooperate with staff. Staff had used strategies to encourage the person to take their medicines, such as returning to the person many times. However, when this had continued they had contacted the person's GP. A request had been made to have the type of medicine changed to medicine patches so that the person could still have their medicine without being disturbed by staff. The registered manager had taken appropriate action to ensure that people received their medicines in a person-centred way.



## Is the service effective?

### Our findings

We have inspected this key question to follow up on an area identified as needing improvement at our previous inspection on 11 December 2017. This related to the implementation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). A small number of people, who had a condition which might impair their judgement and decision-making ability, had not always had their mental capacity assessed when making specific decisions. Staff had sometimes involved people's relatives in the decision-making process without assessing if the person themselves lacked the ability to make decisions about their care and treatment. Some relatives had signed consent forms on people's behalves, it was not evident if they had a Lasting Power of Attorney (LPA) and therefore had the legal right to make decisions on people's behalves. At this inspection it was evident that improvements had been made. People's capacity had been assessed in relation to specific decisions. When people lacked capacity, staff had ensured that relevant people were involved in the decision-making process to ensure that those made were in people's best interests. However, further improvements were needed to monitor DoLS that had been authorised by the local authority.

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 Act 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 make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The manager and staff understood MCA and DoLS. When people had a health condition that had the potential to affect their decision-making ability, MCA assessments for specific decisions had been conducted. Staff had ensured that relevant people involved in people's care had been included in the decision-making process to ensure that any decisions made were in people's best interests. These had been clearly documented in people's care plans. When people had LPAs that had been appointed to make decisions on their behalf, this was clearly documented in people's care plans and copies of these obtained. When people required full support and supervision from staff and did not have the capacity to consent to this, the registered manager had made appropriate DoLS applications to the local authority. From the DoLS applications that had been made, two had been authorised by the local authority. The local authority had imposed conditions on one person's DoLS authorisation. This related to covertly administering the person's medicines if they refused to take them. Covert medicines enable staff to disguise a person's medicine in food and drink. There had been a period when both of the DoLS authorisations had expired without new applications being submitted to the local authority. This meant that for a period of up to one month these people had been deprived of their liberty unlawfully. Once the registered manager had identified that both people's DoLS had expired, appropriate applications had been made. The registered manager had implemented a system to monitor DoLS authorisations to prevent reoccurrence, however, this system needs to be fully embedded in practice.

People were involved in their care and their needs were assessed and met holistically in accordance with their wishes. People's skin integrity and their risk of developing pressure wounds was assessed. For people who had wounds, regular monitoring took place and appropriate treatment provided. Appropriate equipment to relieve pressure to people's skin, such as specialist cushions and air mattresses were used, as well as regular support from staff to frequently reposition. A relative told us, "My relative is in bed and is turned every two to three hours. I think they treat them very well". Referrals had been made to external Tissue Viability Nurses (TVN) to ensure people received the most appropriate care. Staff told us and records showed, that people's skin integrity had improved which was in part due to staff's prompt and effective action.

People had access to appropriate interventions and external professionals to ensure their health was maintained. One person told us, "You wouldn't be short of any medical attention here". Registered nurses provided nursing support to those residing on the nursing units. People and relatives told us that they were confident in staffs' abilities to recognise when people were not well. People received timely intervention from healthcare professionals when required. For people who had been assessed as being at a higher-risk of developing health complications, technology was used to monitor their health. The registered manager had worked with the local NHS Foundation Trust to implement a tele-health scheme. A machine was used to measure people's vital signs and these were monitored remotely by external health care professionals who looked for trends to identify when people's health was likely to deteriorate. Appropriate interventions could then be implemented before such a decline occurred.

Technology was used to enable people to continue to enjoy their independence. Call bells were available for people to use if they required assistance from staff. Computers, telephones and iPads enabled some people to stay in touch with family and friends to ensure their social needs were met.

Staff had encouraged links with the local community. Some people could access the community independently and told us how much they valued this sense of freedom.

Staff were competent and had the appropriate skills to meet people's needs. Training which the provider considered mandatory to staff's roles had been completed. Courses that were more specific to people's individual needs, such as supporting people who were living with dementia and catheter care had been undertaken to ensure staff had appropriate skills and understanding when supporting people with certain health conditions. People and relatives told us that they had faith in staff's abilities. Links with external healthcare professionals were maintained to provide additional learning and development for staff. Some staff held Diplomas in Health and Social Care or were working towards them. Registered nurses were provided with appropriate courses to maintain their competence and to ensure their knowledge and skills were current to support people with their nursing needs.

Staff told us that they felt well-supported by the management team. Regular supervision meetings took place to enable staff to discuss their learning and development and to receive feedback about their practice. Staff told us that the registered manager, as well as the rest of the management team, were approachable and always willing to help when needed. A clinical lead registered nurse ensured that registered nurses had access to clinical supervision and support. The provider recognised the importance of valuing and empowering staff through their own national STAR awards. These recognised staff who demonstrated excellence.

The home was designed in such a way that provided people with communal areas as well as their own private rooms. People had been involved in decisions that were made about the environment. For example, people had been asked what wishes they would like to make. These had been captured and displayed on a

wishing tree. One person's wish was for their bedroom to be painted in bright yellow. This had been respected and their room decorated. Photographs showed the person in their newly-decorated bedroom, smiling at their colour choice. Communal areas were decorated and painted in colours which people had collectively been involved in choosing. Signs were displayed informing people of the name of units in the building as well as the location of bathrooms so that people could easily orientate and navigate. One person told us, "I like the layout of Warmere Court. There are flat surfaces all round which makes it easy for my chair". People could choose to socialise with other people, enjoy one of the activities or events, receive visitors and enjoy the communal gardens in warmer weather.

People's nutrition and hydration needs were met. People had access to food and drinks throughout the day and night. People told us that they were happy with the food and that staff respected their choices with regards to portion sizes and types of food. People could choose what they had to eat and staff respected people's wishes when people changed their minds. People could choose where they ate their meals, some choosing to eat in their bedrooms, whilst others enjoyed socialising in the communal dining areas.

# Is the service well-led?

## Our findings

We have inspected this key question to follow up on the concerns found at our previous inspection on 11 December 2017 during which the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the home had been rated as Requires Improvement for a third consecutive time. Although it was recognised that the registered manager had made significant improvements since being in post, there was a concern regarding the overall ability to maintain standards and to continually improve the quality of care. Records, to document food and fluid and the application of topical creams were not always completed in their entirety. This meant that it was not apparent if people had received the care required or if staff had failed to complete the records to document their actions. Care plans for some people, were not always detailed or specific to their healthcare needs and did not always provide sufficient guidance for staff to follow. At this inspection, it was apparent that improvements had been made and the provider was no longer in breach of the regulation.

There were good systems and processes in place to ensure that the home could operate effectively and to make sure that the practices of staff were meeting people's needs. The management team consisted of the registered manager, a deputy manager, a clinical lead registered nurse and team leaders. The management team was also supported by an operations manager who frequently visited the home. The management team were competent and held appropriate management or nursing qualifications. Feedback about the leadership and management of the home was consistently positive. The provider's values of Wellness, Happiness and Kindness were embedded in practice. A quality management system ensured that regular audits of the service were conducted to ensure that the provider's values were implemented and people were receiving good-quality care. Recent audits conducted by the provider showed a 96.5% compliance with only minor actions required to achieve the full 100%. Action plans from the audits were implemented and monitored to ensure that any improvements that needed to be made were completed appropriately and in a timely manner.

People were involved in their care and in the running of the home. Regular residents' and relatives' meetings ensured that people could air their views and discuss any ideas or suggestions. People and relatives told us that their input was valued and listened to. One person told us, "We have residents' meetings where we can bring things up. We got them to change the sandwich fillings". Regular surveys were sent to gain further feedback and to ensure that people had the opportunity to comment on the care they received.

Staff told us that they felt supported, valued and empowered. Regular supervision and staff meetings enabled staff to be provided with feedback about their practice and to be kept informed about the running of the home. They told us that they felt able to share new ideas and suggestions and that these were respected. The management team were visible and it was apparent that staff felt comfortable in their presence. Records showed that any learning from incidents had been reflected upon and shared with staff to ensure improvements were made.

People told us that they felt 'at home' and that they lived in a comfortable, friendly and homely setting. Efforts had been made to enable people to personalise their own bedrooms with belongings and items that

were important to them. People spoke highly of the management and staff. One person told us, "Nothing is too much trouble I know them all really well. They take the time and trouble".

People and relatives told us and records confirmed, that the provider and registered manager demonstrated their awareness of the Duty of Candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. A relative told us, "The home communicates well". The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.

The registered manager had developed good links with the local community and saw this as an area that they wanted to improve further. They had developed links with local community projects and churches to promote the home within the local community. This had led to some people enjoying outings outside of the home to join in community events. Relationships with external healthcare professionals and local authorities had been developed to ensure that people received a coordinated approach to their care and staff learned from other sources of expertise.