

Tamaris Healthcare (England) Limited

Warrior Park Care Home

Inspection report

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24 October 2017

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This focused inspection of Warrior Park Care Home took place on 24 October 2017. It was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service on 2 and 3 February 2016 and found the provider was meeting the fundamental standards of relevant regulations. At that time we rated Warrior Park as 'Good' overall and 'Good' in all five domains. We carried out this inspection in response to a recent safeguarding incident, where a person using the service had sustained a serious injury and also because prior to this, concerns had been raised around staff moving and handling practices. Therefore, we completed this focused inspection to review risk management practices and to establish whether lessons were learned from previous incidents and changes implemented where needed. During our inspection we found risks were being managed by the provider and registered manager.

Warrior Park is registered to provide care for up to 56 people, but there are only 48 bedrooms in use following the reduction of shared rooms and conversion of some bedrooms for storage. It is a two storey, purpose-built home with secure gardens. The ground floor provides accommodation for people needing personal or nursing care whilst the first floor provides accommodation for people living with dementia who require personal or nursing care. There were 45 people in receipt of care from the service at the time of this inspection.

The home has had a registered manager in post since 4 January 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are '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 service is run.

People told us they felt "safe" and "well cared for". People were seen to be relaxed and engaged with the staff. Relatives told us they felt confident in the safety of the service and in the staff. All staff had completed updated training in safeguarding adults and they knew how to report any concerns.

People and relatives we spoke with felt staff were competent to provide the right support. Staff told us they felt well trained and supported in their roles. We found the registered manager regularly checked that staff implemented the learning from training and would request that staff completed additional training if gaps in practice were noted. We found that during 2017 all of the staff had received moving and handling training on two occasions, completed workbooks on this topic and undergone competency assessments.

All of the people, staff and visitors we spoke with said the registered manager was open and supportive. Staff told us the registered manager routinely reviewed people's care and looked at how any risks could be more closely managed. The registered manager closely scrutinised any incidents and made sure lessons were learnt and all staff were aware of the actions that could be taken to reduce the potential that an accident or incident would reoccur. For instance following a person sustaining an injury in their bedroom

the registered manager had reviewed the furniture and determined that the armchair design might increase risk of injury. They had started to replace all of the armchairs with ones that had padded arms. Whilst this programme of renewal was being undertaken the registered manager had ensured those people who were at highest risk of falls got the new armchairs first.

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 remains good

Is the service well-led?

Good ●

The service remains good

Warrior Park Care Home

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 service, and to provide a rating for the service under the Care Act 2014.

One adult social care inspector completed this unannounced inspection on 24 October 2017.

Prior to our visit we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send us within required timescales.

Before the inspection we contacted the local authority commissioners and the local authority safeguarding team to gain their views of the care provided by Warrior Park. The local authority safeguarding team provided updates about recent safeguarding investigations and the local commissioners shared their findings from recent visits, which were positive.

During the inspection we spoke with five people who used the service and a relative. We spoke with the registered manager, a nurse, a senior carer, three care staff, and two agency staff. We looked at three people's care records, agency staff file profiles and records relating to the management of the service.

Is the service safe?

Our findings

People and relatives told us they felt that staff provided safe care and ensured their needs were met. One person told us, "The staff are great and I have absolutely no concerns. I think this is the best home in the area." Another person said, "I am very happy living here and think it was a good move." A relative said, "I am very happy with the standard of care and find the staff always look after [person's name] very well. They do seem to care a lot about the people and are always making sure people are happy."

We found safeguarding concerns had been immediately investigated and any lessons learnt were acted upon by the registered manager. They had taken robust action to protect people from further distress whilst carrying out a thorough investigation of alleged incidents. The records of the investigations were detailed and the actions taken were appropriate. The registered manager had kept all agencies, including CQC, informed of the actions taken.

All staff had received face-to-face training in safeguarding adults on two occasions this year and were required to complete workbooks and assessments following each training session. The staff members we spoke with said they understood their duty to report any concerns and were confident that the registered manager would ensure these were followed up. Staff felt there had been improvements in the way that any safeguarding concerns were managed by the service. One staff member told us "I would not hesitate to raise any concerns with the manager, as making sure people are safe is our priority."

Risk assessments included information for staff on how to reduce identified risks, whilst avoiding undue restriction. For example, individual risk assessments included measures to minimise the risk of falls whilst encouraging people to walk independently. The risk assessments were reviewed each month. The provider also had a computer-based reporting system in place to analyse incident and accident reports in the service. This was to make sure any risks or trends, such as falls, were identified and managed.

Staff told us that following any incidents or accidents the team looked at whether any other measures could be put in place to reduce this recurring. For example, following a person sustaining an injury in their bedroom staff had reviewed the environment and replaced their armchair. The registered manager had then commenced a programme of replacing all of the armchairs so that ones with wooden arms were changed to ones with padded arms.

We looked at the recruitment records for agency staff and found the registered manager received information to confirm these staff were subject to satisfactory clearances, including references and DBS checks, before they could commence their employment at the home. The registered manager also ensured information was received from the agency to confirm that the nurses supplied were appropriately registered with the Nursing Midwifery Council (NMC).

People and their relatives felt there were sufficient staff to meet people's needs and they were very visible around the home. A relative commented, "The staff are always very friendly and will go out of their way to help."

There was a nurse, a care home assistant practitioner, a senior worker and six care workers on duty during the day. Overnight there was a nurse, a senior and four care staff on duty. The local continuing healthcare commissioners employed staff to work at the home and provide one-to-one support for people who were at risk of falls or displayed behaviours that may challenge. Handover meetings were held between all staff coming on and going off duty. The registered manager attended the handovers so that they were aware of any changes in people's needs.

Is the service well-led?

Our findings

People and staff spoke positively about the service and people said they were proud of where they lived. A person we spoke with said, "I can't praise them (staff) enough and can't think of anything they could do better." Another person said, "The staff are always at hand and checking that I'm alright."

The service had an established registered manager in post. Staff spoke positively about the registered manager, saying they supported them and included them in the running of the service. One member of staff said, "[Manager's name] involves us in everything. We get regular updates and our views are listened to. If we make a suggestion this is acted upon."

The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The provider's governance system included audits of health and safety around the building. We found these audits and checks had highlighted where improvements could be made and the registered manager acted upon them immediately.

Records confirmed remedial action was taken. For example, a relative had raised concerns about the manner in which some staff assisted a person to walk using their walking frame. The registered manager investigated this issue and found the staff needed additional training. This was completed and a physiotherapist was asked to visit the service in order to ensure the moving and handling approaches were appropriate for the person, which they confirmed they were. Then the staff, with the person's permission, showed the relative what they had learnt. The registered manager, with the person's permission, photographed staff implementing these techniques, so that other staff could use these as a guide when supporting the person.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could monitor the service and check that appropriate action had been taken in response to such events.