

# Tracs Limited

# Warmley Court

## Inspection report

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## Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

## Overall summary

Warmley Court is a care home registered to accommodate up to 10 people with an acquired brain injury. At the time of our inspection seven people were using the service.

This inspection was unannounced and took place on 28 and 29 May 2015.

There was no registered manager in post when we carried out our inspection. 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. The provider had recently appointed a manager who had commenced on 6 May 2015. The manager was present throughout our inspection and had already applied to CQC to become the registered manager.

People were safe because the manager and staff team understood their role and responsibilities to keep people safe from harm. Staff knew how to raise any concerns regarding people's safety. People were supported to take

# Summary of findings

appropriate risks and promote their independence. Risks were assessed and individual plans put in place to protect people from harm. People were protected from the risks associated with medicines because the provider had clear systems in place and staff had received the appropriate training. Employment checks were carried out on staff before they started work to assess their suitability.

People were provided with effective care and support. Staff had received the appropriate training to meet people's needs. The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to eat and drink to maintain an appropriate body weight and remain hydrated. Arrangements were made for people to see their GP and other healthcare professionals when they needed to do so.

People received a service that was caring. They were looked after by care staff who were familiar with their needs and wishes. People were involved in making decisions about how they wanted to be looked after and how they spent their time. People had positive relationships with the staff caring for them. Staff treated people with dignity and respect.

People received person centred care and support. They were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

The service was well led. The manager and senior staff provided good leadership and management. The vision and culture of the service was clearly communicated. The quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

# Summary of findings

## 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 safe.

People were safe from harm because staff were aware of their responsibilities and able to report any concerns.

There were enough suitably qualified and experienced staff. Staff recruitment procedures ensured unsuitable staff were not employed.

People were kept safe and risks were well managed whilst people were encouraged to be as independent as possible and engage in activities.

Medicines were well managed and people received their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

People were cared for by staff who had received sufficient training to meet their needs.

People were supported to eat and drink, with their individual needs, wishes and preferences provided for.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

The service complied with the Mental Capacity Act 2005 (MCA) and supported people to make choices and decisions.

Good



### Is the service caring?

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Good



### Is the service responsive?

The service was responsive.

People's needs were at the centre of the service provided with staff knowing each person's likes and dislikes.

People participated in a range of activities within the local community and in their home.

The service made changes to people's care and support in response to their feedback.

Good



### Is the service well-led?

The service was well led.

There was a person centred culture at the service that promoted people's independence.

Good



## Summary of findings

Quality monitoring systems were in place and used to further improve the service provided.

The manager and deputy manager were well respected and provided effective leadership.

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

This inspection took place on 28 and 29 May 2015 and was unannounced. The inspection was carried out by one inspector. The last full inspection of the service was on 22 February 2013. We returned on 20 September 2013 to check that the provider had taken the required action to improve the shortfalls we had highlighted.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted three health and social care professionals, including community nurses, social workers and commissioners. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection.

Some people were able to talk with us about the service they received. We spoke to five people. We also spent time observing how people were being looked after.

We spoke with six staff, including the manager, deputy manager, a senior care worker and three care workers. We were also able to talk with the provider's clinical lead and acquired brain injury specialist who were visiting the service on the first day of our inspection.

We looked at the care records of five people living at the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “Yes, I feel safe here, I like it here”. Another person said, “The staff look after people well, I think everyone feels safe”. People reacted positively to staff and seemed relaxed and contented in their home.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff we spoke with told us they had completed training in keeping people safe. Staff knew about ‘whistle blowing’ to alert management to poor practice.

Six safeguarding alerts had been raised in the 12 months before our inspection. On each of these occasions the provider had taken the appropriate action. This included sharing information with the local authority and the Care Quality Commission (CQC). One whistleblowing concern relating to Warmley Court had been received by CQC in August 2014. When this had been raised with the provider they had again taken the appropriate action.

Accident and incident records were kept and identified preventative measures and an action plan to help ensure that people were safe and risks were minimised.

There were comprehensive risk assessments in place. These covered all areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place to prevent weight loss and keep people safe from choking and for people to use community leisure facilities safely, either independently or with staff support. Staff were knowledgeable regarding these individual assessments and plans. Staff provided care and support in accordance with these assessments and plans.

Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service

(DBS) check. A DBS check allows employers to check an applicant’s police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by the manager. The manager said, “Tracs have a thorough recruitment process, we interview people, ask applicants to do a written task and complete a personality profile test. I intend to increase the involvement of people using the service in recruiting their staff”.

People were supported by sufficient staff to meet their needs. There were five care staff providing care and support on the days we visited. Staffing rotas identified four or five staff working each day. The rotas identified a shift leader responsible for co-ordinating staff on each shift. The service had a stable staff team and made use of both bank staff and agency staff to ensure staffing levels were maintained. People said they were able to receive care and support from staff when they needed it. Staff said there were enough staff to safely provide care and support to people. The service used a dependency tool to calculate safe staffing levels. The manager said, “We base staffing levels on people’s needs and if more staff are needed I am able to arrange this”. The hours provided had recently increased by four per week as a result of the manager using the dependency tool.

There were clear policies and procedures for the safe handling and administration of medicines. These were followed by staff and this meant people using the service were receiving medicines safely. Medicines were securely stored and records of administration were kept. The senior staff member administering medicines on the first day of our visit said, “We follow very strict procedures when administering medicines to make sure we do it correctly and safely”. People received their medicines as prescribed.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. There was an infection control lead person identified. This person said, “My role as infection control lead is to ensure we prevent and control the risk of infection”.

# Is the service effective?

## Our findings

People using the service told us about the service they received. They told us their needs were met. One person said, “Yes, I get the help I need”. Another person said, “I think the staff do a great job in meeting our needs”.

Staff expressed some concerns that people’s needs were not always being met. One staff member said, “I’m not always sure this is the right place for people”. Two other staff said they were particularly concerned the service was not meeting the needs of people living with dementia, communication difficulties and individual mental and physical conditions. We discussed what some staff had said with the newly appointed manager, clinical lead and acquired brain injury specialist. They said additional training and support was being arranged to increase staff skills and confidence.

The service had a programme of staff supervision and appraisal in place. The manager, deputy manager and senior care worker told us they worked alongside staff, observing them, before then meeting with them to carry out supervision and appraisal. Staff members told us they received regular supervision. Staff records showed that supervision was held regularly with staff. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. The annual appraisal system involved gaining feedback on staff member’s performance from people using the service, colleagues and others. This was referred to as a 360 degree appraisal.

People were cared for by staff who had received appropriate training to meet people’s needs. The manager said they were arranging for training to be more specific to people’s needs. They had arranged for the provider’s clinical lead and acquired brain injury specialist to carry out further training. Training and development sessions were also being added to the agenda for monthly team meetings. The agenda for the next scheduled team meeting in June 2016 referred to moving and handling training.

Newly appointed staff completed induction training. An induction checklist ensured staff had completed the necessary training to care for people safely. One staff member who had recently started working at the service said, “The induction was OK but I could have done with more time shadowing experienced staff”.

People were able to make their own choices and decisions about their care. Information in people’s support plans showed the service had assessed people in relation to their mental capacity. Staff told us they had Mental Capacity Act 2005 (MCA) training and were aware of how this impacted on the support given to people. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Staff understood their obligations with respect to people’s choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions. Staff understood the principles of capacity and best interests. The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People’s care records showed that where people had been assessed as not having capacity to make a decision, a process of “best interest” decision making had been followed. This meant a decision was made on a person’s behalf, with the involvement of appropriate people that considered the best interests of the person. The manager said, “Best interests is very important and needs to be based on the decision the person would make themselves if they were able”.

We looked at whether the service was applying DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there were restrictions on their freedom and liberty, they were assessed by professionals who were trained to decide whether the restriction was needed. The manager and senior staff had a good understanding of MCA and DoLS and knew the correct procedures to follow to ensure people’s rights were protected. They had identified that each person required an application to be submitted. This was because they could not consent to be accommodated at Warmley Court and receive the care and support they needed. These application’s had been submitted to the appropriate authorities.

People chose what they wanted to eat. Menus were planned with the involvement of people using the service. The menus were varied and included a range of choices throughout the week. People were encouraged to participate in the preparation of food. People said, “The food’s nice” and, “I can have what I want”. People required assistance to maintain a balanced diet and drink sufficient fluids. Food and fluid intake charts were in place and

## Is the service effective?

completed by staff. Some people were at risk of choking whilst eating and drinking. Individual plans had been drawn up with the involvement of relevant professionals to reduce these risks and these were implemented by staff.

People's care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. For example, a clinical referral had been made for one person in April 2015 regarding an increase in anxiety and agitation. This resulted in a new support plan being developed. We saw this person being

cared for in accordance with this plan. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle.

The service was adapted to meet people's needs. One person used a wheelchair and the building and environment was suitable for this. The provider had plans to improve the use of the building, including installing a second kitchen to assist people in developing skills in cooking. One staff member said, "A second kitchen would help us provide a more rehabilitative service".



# Is the service caring?

## Our findings

People told us staff were caring. One person said, “The staff are lovely, the care couldn’t be better”. Another person said, “I like all the staff, they’re really nice”. Staff members said, “The staff really care, everybody has a heart here” and, “I would recommend Warmley Court to anyone the staff are really caring”.

People were treated in a caring and respectful way. Staff were friendly, kind and discreet when providing care and support to people. People responded positively to staff, often with smiles, which showed they felt comfortable with them. We saw a number of positive interactions and saw how these contributed towards people’s wellbeing.

Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. People’s care records included a communication plan which described how people’s communication needs were met. For example, one person who could not communicate verbally used facial expressions and eye contact to communicate. This was clearly recorded and meant they were able to express their views. Staff were able to explain how these needs were met.

Staff had received training on equality and diversity. People’s care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people’s cultural and religious needs. Staff we spoke with understood their role in ensuring people’s equality and diversity needs were met.

Monthly meetings were held with people to seek their views regarding their care and support. They said they enjoyed these meetings and felt their views were listened to and acted upon. Records of these meetings were kept.

These showed people’s views were sought on areas such as activities, menu choices and planned alterations to the service. At one meeting a person had said they would like to visit museums and art galleries. The manager said these visits had been planned but had not taken place yet. An agenda was on display for the next meeting. Records were kept of any person not wishing to attend these meetings. Staff told us that those who chose not to attend meetings were offered the opportunity of a one to one discussion.

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person’s needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met. Keyworkers completed a monthly review with the person. These reviews included people’s views and provided an update on how their needs had been met.

Staff knocked on people’s doors and either waited to be invited in, or if the person was not able to answer, paused for a few moments before entering. Staff respected people’s right to privacy. For example, one staff member asked a person if the inspector could go into their room to talk with them. The person said no and the staff member asked us to wait outside. We saw people’s bedroom doors and doors to bathrooms and toilets were closed when people were receiving care.

Staff had received training in end of life care. Care records included an advance care plan. This encouraged people to plan their end of life care. These included details on decisions people had made on hospitalisation and where appropriate a DNACPR. A DNACPR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac collapse.

# Is the service responsive?

## Our findings

People told us the service responded to their individual needs. One person had recently moved from another Tracs service as they wished to move closer to Bristol. They said, “They have done everything they can to make sure I have what I need”. Two people had identified separate things they wished the provider to do. These were; improved Wi-Fi internet access and improvements to the hot water system. The manager said they were arranging for each of these to be done. A staff member identified that one person would benefit from an en-suite bath being fitted instead of a shower.

People’s care records were person centred. They included information on people’s life histories interests and preferences. Staff said this information helped them to provide care and support in the way people wanted. One staff member said, “It’s good to know about people’s life, it helps us treat them as individuals”. Staff we spoke with were knowledgeable about people’s life histories and their likes and dislikes.

A range of person centred planning tools were used, including one page profiles which concisely detailed people’s likes and dislikes and how they should be supported. The provider’s PIR also stated that person centred reviews were to be introduced. The manager said these reviews would ensure people were at the centre of care and support arrangements. Care records also included more detailed assessments and plans based upon tools developed specifically for people with an acquired brain injury. Information on how people had been involved in developing these plans was included in people’s care records.

People were involved in a range of individual activities. An activities plan was in place to ensure each person was able to engage in activities both within the service and in the

local community. Activities people had taken part in were recorded in people’s care records. One person enjoyed painting and a number of their pictures were on display in the craft room. People had access to a vehicle and this was used to access community facilities. On the first day of our inspection, two people were supported on individual community activities by staff. Another person was supported to write and send an email to a relative. Other people were supported to make drinks and snacks and carry out household chores. The manager told us a recent concern had been raised by staff. Staff had said that one person did not have sufficient finances to undertake activities. The manager had arranged to meet with family and professionals to resolve this. People said there were enough activities.

The service had taken action to assist those people with memory loss to maintain their independence as much as possible. Each person had a memory board in their room which included things important to them. People’s rooms were personalised and photographs of family members and friends were on display. Staff helped people to remember significant events and friends and family with care and sensitivity.

People told us they were able to raise any concerns they had with staff or the manager. One person said, “If I’m not happy about something I’ll let them know”. The provider had a policy on complaints and comments. A record of complaints was kept at the service. The provider had received one complaint in the previous 12 months. We looked at the completed complaint record and it was evident the complaint had been taken seriously and responded to appropriately. The manager told us, “Complaints can be very helpful and positive as they can help us to improve”. A healthcare professional said, “They listen to feedback and advice and make changes where needed”.

# Is the service well-led?

## Our findings

The provider's key values were on display the office. Staff were aware of these values. The manager and deputy spoke passionately about person centred care and support and their vision for the service. We saw people were provided with high quality care and support that was person centred.

People told us they liked the manager and deputy manager and, thought the service was well led. Staff spoke positively about the manager and felt the service was well led. One staff member said, "It's a real relief that we now have a permanent manager". Another said, "Morale has been quite low whilst we've not had a manager. I think we did well to keep everything together. I do feel positive for the future of the service now". The manager had taken up their position very recently but was already making a positive impact to the service.

The provider operated an on call system for staff to access advice and support if the manager was not present. Staff confirmed they were able to contact a senior person when needed. Experienced care staff were responsible for the service when the manager, deputy or senior care worker were not present.

Regular staff meetings were held to keep staff up to date with changes and developments. We looked at the minutes of previous meetings where a range of areas were discussed. The staff meeting in March 2015 had included a short training update on the Mental Capacity Act 2005 (MCA). Staff told us they found these meetings helpful.

All accidents, incidents and any complaints received or safeguarding alerts made were and followed up to ensure appropriate action had been taken. The manager analysed

these to identify any changes required as a result and any emerging trends. The manager had arranged for one to one debriefing and some additional time off for one staff member following a recent incident.

The manager, deputy and senior care worker knew when notification forms had to be submitted to CQC. These notifications informed CQC of events happening in the service. CQC had received appropriately notifications made by the service.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant that guidance for staff was up to date and easy for them to use.

Systems were in place to check on the standards within the service. This consisted of a schedule of monthly audits. These audits looked at; medicines management, accidents and incidents, care records and fire drills. These audits were carried out as scheduled and corrective action had been taken when identified.

A health and safety action plan had been developed as a result of feedback from other professionals and an assessment of hazards that could result in trips or falls. Action identified in the plan had been completed including fitting additional hand rails by the outside doors.

The provider carried out audits every other month. This involved an area manager visiting the service to carry out a key performance audit. Additionally, the provider's quality team carried out an annual audit. Which consisted of assessing the service using the CQC key lines of enquiry, to determine if the service was safe, effective, caring, responsive and well-led. An additional assessment was carried out at six-monthly intervals to assess if the service was safe. The most recent of the annual audits had been carried out on 6 January 2015. This audit contained clear findings and identified action to be taken. Where action had been identified these had been completed.