

J Lysaght

Warren Park Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Warren Park Nursing Home is a residential care home providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 40 people in one adapted building. The home is situated over three floors, with access to an administrative office located on a fourth floor.

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

There were systems in place to monitor the quality of the service. We found these remained ineffective at identifying all the concerns raised during the inspection. The registered provider has recently employed a quality manager to support the governance processes.

Medicines were still not safely managed. We found at times people were left without medication due to no stock being in the home, people did not always receive their medication on time, some medication was stored unsecured in people's rooms and people were not reviewed appropriately when they had refused medication for a number of days. There have been concerns regarding the management of medicines at the previous two inspections.

The registered manager engaged with support from other professionals in relation to concerns in the home. There have been changes to practice to try and improve the safety of medicines in the home. However, we found these had not been effective and concerns were still evident.

Some risk assessments were not always updated with information after incidents occurred, and they hadn't always been completed correctly. However, people told us they felt safe living at the home. People said the staff treated them with respect and kindness and we observed this.

During the inspection we found concerns with rooms being left unsecured. These rooms contained hazardous substances that were potentially harmful to people. These doors often had locks but these had been left open by staff. There was a door that was to remain locked at all times, however the lock was broken and unable to be secured. After the inspection the registered manager told us doors within the home have had new locks fitted.

Some people living in the home were on modified diets or thickened fluids. Thickened fluids support people to maintain hydration when they have swallowing difficulties. We found not all care plans contained the correct information regarding people's needs. We checked with staff who knew people's needs. However, this had not always been recorded. We saw people's fluid charts did not record the use of thickener, and people's food charts did not record the type of diet they had. We did not receive any complaints from people regarding their fluids and food and although we saw no evidence people had been negatively affected by the lack of recording, there was no clear oversight of people's needs being met safely.

Care plans did not always contain enough detail regarding people's needs, although we did see staff knew people well and had good relationships with them. We asked the registered manager to review care plans to ensure they were detailed with people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff understood their role and had confidence in the manager. Staff told us they worked well together as a team, and there was good morale amongst them. We received positive feedback from other health professionals working with the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 July 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

At the last inspection there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management of medicines and ineffective governance processes at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Warren Park Nursing 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and a medicines specialist inspector.

Service and service type

Warren Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with two visiting healthcare professional and eight members of staff including the

registered manager, director, improvement manager, care workers and nurses.

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

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection the provider did not ensure the safe storage of medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found insufficient improvement had been made and the provider was still in breach of Regulation 12. This is the third consecutive time the provider has been in breach of Regulation 12 with regard to the management of medicines.

- Medicines were not always available to administer as they were out of stock. This included mental health medicines such as anti-psychotics, anti-depressants and medicines used to reduce anxiety. Medicines used to thin a person's blood to prevent clots were also not available.
- Time specific medicines for Parkinson's Disease were not given at the correct times. This led to an increased risk of Parkinson's Disease symptoms being uncontrolled.
- When medicines were required to be administered through a stomach tube rather than by mouth, there was no care plan to support this in a safe way.
- Some medicines were stored unsecured in people's rooms.
- Medication rounds were completed by two nurses. During the inspection these medication rounds took over four hours to complete. This affected the time people received their medicine throughout the day. We discussed this with the registered manager who told us this was the average time the rounds took.

We found no evidence that people had been harmed however, medicines were not managed safely. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risk assessments were in place, however these were not always updated after incidents occurred. The registered manager told us these would be reviewed.
- Risk assessments were not always completed accurately. We found people's waterlow scores to assess for risk of pressure ulcers were sometimes inaccurate.
- People's weights were regularly recorded. However, these weights were not always used in risk assessment tools to accurately reflect risk to people.
- During the inspection we found multiple rooms containing hazardous substances unsecured. Some of

these doors had locks fitted, however these had been left open by staff.

We found no evidence that people had been harmed however, risks to people were not always managed effectively. This placed people at risk of avoidable harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We received mixed feedback from people regarding staffing levels. Some people felt there were not enough staff, especially during the busy morning and evening time. One person said "There's not enough staff. If I ring my bell I'm waiting a long time. It's worse at night."
- During our observations we found no concerns with the level of staffing. People were supported in a timely way. Some people living in the home felt staffing levels were safe. One person said "There's enough staff and they are here as required. Don't wait long after ringing my bell."
- Safe recruitment processes were in place. This ensured staff employed to work in the home were suitable.

Preventing and controlling infection

- Although the home appeared clean, carpets in some areas looked dirty. There were some malodours present in parts of the home. We were told by the registered manager there were plans in place to replace the carpets.
- There was a cleaning schedule in place that covered all areas of the home.
- Staff told us they had access to Personal Protective Equipment (PPE) such as gloves and aprons. We saw staff using these during the inspection.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. Comments included, "I feel very safe here, I know staff are here," and "Yes I feel safe here. I like living here as I'm well looked after."
- Staff were clear on the potential signs of abuse and how to raise any concerns they might have.
- Records showed that any potential safeguarding allegations had been reported, recorded and investigated in a timely manner.

Learning lessons when things go wrong

- A system was in place to monitor any incidents or accidents which occurred. This allowed for any patterns or trends to be identified so that action could be taken to prevent recurrence.
- Incidents were investigated appropriately and improvements to practice were identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs and how they were to be met were not always clearly recorded in care plans. We found people on modified diets or thickened fluids did not always have the correct information in their care plans. However, we asked some members of staff about these diets and found staff knew people's nutritional and hydration needs.
- There were people prescribed thickened fluids due to swallowing difficulties. These people require a fixed amount of powder to be added to fluids based on assessed needs. We found the amounts of thickener used for people was not always recorded. This meant there was no clear oversight into assuring people's needs were being met.
- The registered manager told us the use of thickened fluids had been highlighted as a concern and training had been provided to staff the week before the inspection.
- When it was appropriate, people were regularly weighed and we saw evidence people had been referred to the dietician and GP for support. However, we found one person with a significant amount of weight loss who had no evidence of being referred for further support.
- Most people told us they enjoyed the food and had a choice of what to eat. Comments included "I have meals in my room and that's my choice. Quite good food, but if I don't like it they make me something else" and "Usually food is very good and appetising, good choice."

Adapting service, design, decoration to meet people's needs

- We found there could be enhancements to the décor in some parts of the home in order to better support people living with dementia and other health conditions, such as Parkinson's disease. The registered manager told us this was being considered as part of redecoration plans.
- We found signage in parts of the home was insufficient. The registered manager told us this would be addressed.
- Bathrooms were adapted to ensure they could be accessed by all people.
- Equipment was in use to support people to move around the home independently.

Ensuring consent to care and treatment in line with law and guidance

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005. When people were unable to provide consent, the best interest process was followed.
- DoLS were in place for people using the service to keep them safe from harm.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving into the home their needs were appropriately assessed to ensure that the home and staff working there were able to meet their needs.
- Staff used their knowledge of people's preferences to ensure they received personal care in their preferred way.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who felt supported by the registered manager.
- New staff members completed a structured introduction to their role. This included completion of appropriate training and completing shadow shifts with experienced staff.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked with other health and social care professionals to help ensure people's healthcare needs were met. We saw evidence that appropriate referrals had been made. Healthcare professionals told us the communication with staff in the home was good. A health professional told us "People appear to be well looked after. Staff are good at sighting changes in people. There's good communication."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Regular resident meetings and surveys took place. Records showed that people were asked their opinions and whether anything could be improved. We saw that action was taken based on this feedback.
- People and their family members told us they felt confident to be able to raise any concerns they had with the management and that they would be dealt with.
- People told us they were involved with decisions about their care and in decisions about the service. People were being given the opportunity to help the provider plan the redecoration works in the home.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. Comments from people included, "Very nice staff here. Staff know me well now and what I like," "Fantastic staff and they know me well, I have a good laugh with them," and "Staff are kind and caring."
- We observed positive, familiar interactions between staff and people living in the home throughout the inspection and staff spoke warmly of the people they supported.
- People were mostly supported to receive care and support from others. There was information about advocacy services available in the home.
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their dignity and privacy. We observed staff knocking on people's doors before entering and asking for people's consent before supporting them.
- People told us that staff encouraged them to be as independent as they could be, and records reflected this. The director told us "People come and go as they please. They almost treat it like their own flat. They have use of a kitchen, so they have access to food and drinks without having to rely on staff getting things for them."
- People looked at ease and comfortable in the presence of staff. Conversations we heard between people and staff were characterised by respect and warmth.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had an individualised plan of their care based on an assessment of their needs. Plans were reviewed regularly.
- Not all care plans contained enough information regarding people's needs. For example, some people required assistance from staff for various tasks, but care plans did not always record how many staff were needed. Some people had health conditions which needed to be monitored, but information regarding signs and symptoms staff should be aware of was missing. We spoke to the registered manager about care plans being updated with more detail regarding people's care needs. However, staff were able to respond to people's needs as they knew them well.
- Care plans were difficult to understand as there was contradictory information in some, and we were unable to read some staff's handwriting. We raised this with the registered manager who agreed to address them.
- People's likes, dislikes and what was important to the person were recorded in care plans, however, the level of detail regarding people's preferences varied. The registered manager agreed to review this.

End of life care and support

- The service was not supporting anyone on end of life care at the time of the inspection.
- Care files we looked contained end of life care plans. However, some of these had not been completed.
- Some people had completed Do Not Attempt Resuscitation forms. This information was not always recorded in care plans and was not easily visible in the file. We discussed with the registered manager the need to make this information more visible.
- The training matrix showed staff had completed training in end of life care.

Meeting people's communication needs; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included information about their communication needs. The registered manager explained that information such as the service user handbook could be made available in large print.
- We saw that people had developed friendships with others living at the service.
- Activities continued to be offered for people to take part in. With regards to activities in the home one

person told us "Yes there's enough and always something going on."

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service. The complaints log contained both complaints from people using the service and relatives. We saw complaints had been responded to appropriately.
- People living in the home and their relatives told us they would feel comfortable raising a concern.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have effective systems in place for assessing, monitoring and improving the safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found insufficient improvement had been made and the provider was still in breach of regulation 17.

- Since our last inspection the registered manager had engaged with other professionals to improve the safe management of medicines. The provider completed an action plan which we checked at this inspection and found they had completed the actions they said they would. However, at this inspection we still found multiple concerns regarding how medicines were managed and stored. Not all of these issues had been identified through the providers quality assurance processes.
- Care plan audits had not identified issues with missing information or incorrect information.
- Audits had picked up inconsistencies with the use of risk assessment tools. The registered manager had arranged training for staff because of this. However, no action was taken to amend these records to ensure the information was correct. This meant some people's risk was incorrectly assessed.
- We found personal records relating to people's medication needs were left unsecured on medicines trolleys in communal corridors.

Systems were either not in place or fully embedded to demonstrate safety and quality was effectively managed. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- There was a registered manager in post. A quality manager had recently taken up a voluntary post in the home to support the registered manager. The registered provider and director also provided support.
- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people.

- Other health professionals told us the registered manager was open to working with them to improve people's quality of care. We found evidence the registered manager had taken advice on board and implemented changes to practice. However, there were further improvements needed to ensure people received high quality, safe, effective and responsive care. The registered manager told us they would continue to work with others to improve the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- During the inspection we saw examples of how the registered manager had responded to people when something had gone wrong. We saw appropriate action had been taken in these instances.

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

- Resident and relatives' meetings had taken place and we saw evidence the provider had acted on feedback from people.
- There were regular staff meetings and staff told us they felt supported in their roles, and management listened to their ideas.

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

- Most people provided positive feedback about the quality of care they received.
- Everyone we spoke with told us the manager was approachable and staff enjoyed working at the home.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to monitor the quality and safety of the service were ineffective.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>Medicines were not managed safely. The provider did not ensure people's medicine were always available when needed, administered on time or stored securely.</p> <p>The provider did not ensure risks to people were safely managed. Risk assessments were not always completed accurately or reviewed after incidents, and some rooms containing hazardous substances were left unsecured.</p>

The enforcement action we took:

Warning notice