

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?

Requires Improvement ●

# Summary of findings

## Overall summary

Warmley Court provides accommodation and personal care for up to 10 people with an acquired brain injury. At the time of our inspection 10 people were using the service

This inspection took place on 11 October 2017. The inspection was unannounced, this meant the staff and provider did not know we would be visiting.

At the last inspection in May 2015 the service was rated 'Good'.

At this inspection we found that overall the service remained 'Good'.

There was no registered manager in post. 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. Since our last inspection a registered manager had been appointed and left their position. The provider had appointed a new manager who was in the process of applying to the Commission to register as manager.

The quality auditing systems had not identified one occasion where the medicine administration records had not been fully completed. This had not been identified by staff administering medicines on subsequent days or, by the auditing systems operated by the manager.

People shared some frustration with us regarding the accommodation. They felt repairs and maintenance of the building was not always carried out in a timely manner. They also told us they had identified alterations to increase their independence with the provider but had not been informed of when these would be completed.

There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work with people to assess their suitability to care for vulnerable people. Staff understood their role and responsibilities to keep people safe from harm. Individual risks were assessed and plans put in place to keep people safe.

Staff received regular supervision and the training needed to meet people's needs. The service complied with the requirements of the Mental Capacity Act 2005 (MCA). Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People had access to the food and drink they chose when they wanted it.

People were cared for and supported by staff that understood their needs and knew them well. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. The care and support people received was individualised. They were offered a range of

activities both at the service and in the local community.

There was a clear management structure in place. The manager and other senior staff were well liked and respected by people and staff. The vision, values and culture of the service were understood by all staff. During our inspection we noted the complimentary skills, knowledge and experience of the management team and, were assured by this in addition to their passion and commitment to work towards providing high quality person centred care.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Requires Improvement ●

The service is now Requires Improvement.

Quality auditing systems had not identified a discrepancy with the recording of the administration of medicines.

The vision, values and culture of the service was understood by people and staff.

The manager and other senior staff were well liked and respected.

# 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 checked 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 comprehensive inspection took place on 12 October 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

We last inspected Warmley Court in May 2015. At that time we found no breaches of legal requirements.

Prior to this 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 also reviewed the information the provider had given us in their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We contacted five health and social care professionals involved with the service and asked them for some feedback. We have incorporated their views and comments into the main body of our report.

Some people were able to talk with us about the service they received. We spoke with four people. Others were not able to talk with us about their experiences of using the service. We carried out informal observations to gain an understanding of their experiences. We spoke with the relative of one person.

We spoke with a total of seven staff, including the manager, deputy manager, senior support worker, three support workers and one agency staff member.

We looked at the care records of six people using 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 and equality and diversity.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "Yes, I feel safe here, always have done". Another person made a point of telling us how they felt much safer at Warmley Court than they had done at their previous home. They said, "It's great here, staff are helping me learn and supporting me to look after myself better, my money is safe now too". We saw people were comfortable with staff and actively sought out their company. Relatives and health and social care professionals told us they felt the service kept people safe. One relative said, "(Person's name) is safe here. It's a weight of my mind. They make sure he gets the care and support he needs".

Staff knew about the different types of abuse to look for and what action to take when abuse was suspected. They were able to describe the action they would take if they thought people were at risk of abuse, or being abused. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management to poor practice. Easy read versions of safeguarding policies were on display and contained contact information for people to share their concerns.

There were comprehensive individual risk assessments in place. These risk assessments covered areas important to people and aimed to protect people from harm. People using the service required skilled support to keep them safe at home and when using community facilities. The risk assessments and management plans in place contained clear guidance for staff and, detailed the staff training and skills required to safely support the person. Staff had a good working knowledge of risk assessments and measures to be taken to keep people safe. Risk assessments and management plans were regularly reviewed with the involvement of relevant professionals.

People were supported by sufficient staff to meet their needs. The service used a dependency tool to calculate safe staffing levels. We saw the numbers of staff this tool identified as required were provided during the day and overnight. 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. Staffing rotas identified a shift leader responsible for co-ordinating staff on each shift.

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.

Medicines were stored securely and in line with the provider's policy and best practice guidelines. Individual protocols were in place identifying how people preferred to take their medicines. Some people were prescribed medicines to be given 'as required'. These were to be administered when people needed them for medical emergencies, pain relief or to reduce anxiety. We saw clear guidelines were in place for staff to follow to determine when and how these medicines should be offered to people. Staff had received training

in administering medicines and their competence to do so was assessed regularly.

We looked at the records of the administration of medicines. Medicines people took regularly were received from the pharmacy in individual sealed containers. Staff were required to sign when the medicine had been administered and the person had taken them. These records had been completed with one exception. We saw one person's medicines had not been signed as given on the 2 October 2017. As a result it was not possible to be sure the person had been offered their medicines as prescribed. Their medicines had been recorded as administered on subsequent days. There was no record of staff identifying the lack of a signature on 2 October 2017 and taking action to identify why, or alerting the manager or other senior staff. We discussed this with the senior staff member responsible for the management of medicines. They contacted staff responsible for medicine administration immediately following us identifying this and, underlined the importance of signing these records and notifying senior staff as soon as any missed entries were noticed.

Environmental health and safety risks had been identified and action taken to keep people safe. The risk of fire had been assessed and equipment regularly inspected and maintained. Plans were in place to ensure people were safe when using the bathrooms and kitchen. Checks had been carried out on electrical equipment. Hot water temperatures were monitored to ensure people were not at risk of scalding. Plans were in place to keep people safe in the event of emergencies. These included personal evacuation plans in the event of a fire and, plans for medical emergencies. An easy read version of the action to take in the event of a fire was on display.

Records of any accidents and incidents were completed and kept. These analysed what had happened before, during and after the incident or accident. Preventative measures to be taken to reduce the risk of reoccurrence were then identified. We saw the manager regularly reviewed these to identify any themes or trends.

Staff had access to the equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. Cleaning materials were stored securely to ensure the safety of people. The accommodation was safe, clean, well maintained, odour free and appropriate for people's needs.

# Is the service effective?

## Our findings

People and their family and friends told us their needs were met. Comments included; "I can use the kitchen when I want and there's plenty of other space too. Staff are good they help when I need them", "The staff are great, they all know what they are doing" and, "The staff are very proactive. (Person's name) gets all the help he needs". Staff provided the care and support people required when they wanted and needed it. Health and social care professionals we spoke with confirmed they felt the service met people's needs.

People shared some frustration with us regarding their accommodation. The physical environment met people's needs and provided personalised living areas and ample communal facilities. However, they felt repairs and maintenance of the building was not always carried out in a timely manner. They also told us they had identified alterations to increase their independence with the provider but had not been informed of when these would be completed.

We recommend that the provider reviews its systems for keeping people informed of repairs, maintenance and improvement to the accommodation.

People were cared for by staff who had received the training required to meet people's needs. We viewed the training records for all staff. These identified when staff had received training in specific areas and, when they were next due to receive an update. All staff received core training which included; first aid, infection control, fire safety, food hygiene, equality and diversity, administration of medicines and safeguarding vulnerable adults. In addition to the provider offered additional training such as understanding acquired brain injury. This training aims to equip staff with the skills required to support people when anxious, distressed or angry. Some staff we spoke with confirmed they had received this training. Others that hadn't yet received the training said team meetings were used to provide them with an understanding of these areas.

Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification.

Staff received the support required to effectively carry out their roles. The service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff members told us they received regular supervision. Staff records showed that supervisions were held regularly. Staff knew who their supervisor was and those we spoke with said they found their individual supervision meetings helpful.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the MCA and DoLS. Staff had received training on the MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. These were individual to the person and identified when the person was most likely to be able to make a decision and how it should be explained to them to maximise their understanding.

Some people had been assessed as not having the capacity to consent to their care arrangements. They were also subject to continual supervision to ensure they were safe and their needs met. The manager and staff had recognised this amounted to a deprivation of their liberty and had submitted applications to the appropriate authorities. The manager had informed CQC as required when applications had been authorised. The dates that DoLS applications were submitted and, the dates that authorisations received expired were monitored by the registered manager. This meant they were able to review if and when a new application needed to be submitted. Any conditions identified in authorisations were taken into account when care arrangements were reviewed.

Staff actively promoted people making their own day to day choices and decisions. We saw they asked for people's consent before providing care and support, gave them options to determine what they wanted to do and, respected their decision if they changed their mind. Care records gave clear information to staff about areas where people could make their own decisions and how people could be supported to make those decisions.

People chose what they wanted to eat. We saw people had access to a variety of drinks throughout the day. Some people had been identified as being at risk of malnutrition. Staff were knowledgeable regarding this and people's food and fluid intake was carefully monitored and recorded.

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. 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. People were registered with the local GP surgery and staff assisted them to make and attend appointments when needed.

# Is the service caring?

## Our findings

People said the staff were caring. Comments included; "The staff are very caring and respectful. They are second to none", "They've all been kind and caring since I arrived" and, "They're lovely". Friends and family of people also commented very positively on the staff. One said, "They have developed a good rapport with him and helped him feel more relaxed and less anxious". Another said, "They are all very professional and caring, I don't know how they do it!"

We saw people were treated in a kind, caring and respectful way by staff. Staff were friendly, sensitive and discreet when providing care and support to people. They clearly knew people well and respected them. They were able to tell us about people's interests and individual preferences. We observed 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. Staff spoke about people in a positive manner. They stressed people's talents and demonstrated they valued them as individuals.

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. Staff said they felt it important to help people to keep in touch with their families and friends. People who did not have any direct involvement from family members were supported to access advocacy services.

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.

Promoting people's independence was a theme running through people's care records and our discussions with staff. Guidance was in place for staff on how to work alongside people providing coaching to carry out activities themselves. A family member summed up how this was being worked towards. They said, "They're helping him to get back into cooking for himself and encouraging and supporting him to go out independently for short periods". One person told us, "I'm planning to move somewhere to be more independent. The staff are helping me with the skills I need". There were examples of staff seeking additional help from other health and social care professionals to develop plans for greater independence with people. This included involvement from; occupational therapists, physiotherapists, speech and language therapists and behavioural therapists.

People were treated with dignity and respect. Staff knocked on people's doors and sought permission before they entered people's own rooms. Staff told us what they did to make sure people's privacy and dignity was maintained. This included keeping people's doors closed whilst they received care, telling them what personal care they were providing and explaining what they were doing throughout. Staff carefully and sensitively sought people's views. This was achieved by observation of people's reactions and where possible discussion with keyworkers and regular care plan reviews which were clearly recorded.

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 had an understanding of equality and diversity and when speaking with us showed they regarded this as an important area of consideration when planning and providing care and support.

Staff had discussed with people their end of life plans and what they wanted to happen in the event of their death or if they should suddenly become ill. As a result plans had been developed to provide guidance for staff on what to do if this occurred. 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.

Staff we spoke with said they felt the care people received was good and, when asked, all said they would be happy for a relative of theirs to use the service.

## Is the service responsive?

### Our findings

The service provided to people was flexible and responded to people's individual needs and preferences. Each person had detailed care plans in place that identified how their assessed needs were to be met. These also included information on their background, hobbies and interests and likes and dislikes. They had been developed using a range of person centred planning. Person centred planning tools are methods that help people think about and plan their life, ensure their needs are met and identify and achieve their goals.

Care plans 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. These plans were regularly reviewed on set dates or when people's needs changed. Relevant health and social care professionals were involved where required. Professionals told us their advice was listened to and acted upon by staff.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. A handover is where important information is shared between the staff during shift changeovers. There were written records of the handover so staff could keep up to date if they had been off for a few days.

Two people were provided with one to one assistance. For one person this had been put in place when they had been discharged from hospital and was needed to prevent them falling. Another person was receiving this support to help them manage very poor health. Speaking with staff it was evident they were wholly committed to enabling both people to remain in their own home even though their health needs had increased significantly. Both arrangements had been put in place as a response to people's changing needs.

People participated in a range of individual activities based upon their hobbies and interests and, likes and dislikes. These were carefully planned and included activities both outside and within the home. Staff told us it was important for people to be active and have opportunities to engage in their hobbies and interests. Activities people had taken part in were recorded in people's care records. People told us there were enough activities for them. Family and friends also stated they felt there were enough activities. The service had several vehicles that people could use to engage in trips and activities. Some staff said they felt more activities could be provided at Warmley Court. They commented that there was sufficient space including seating and kitchen areas to organise more activities. We fed this back to senior staff who said they would look into providing more internal activities.

Staff helped people to remember significant events and friends and family with care and sensitivity. People's rooms were personalised and photographs of family members and friends were on display. Staff 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.

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. We looked at the minutes of the most recent meeting and saw this had been well attended and the notes clearly reflected people's views and opinions.

People, their families and friends all said they felt able to raise any concerns they had with managers and staff. There had not been any complaints regarding the service in the 12 months leading up to our inspection. The manager explained the process used if complaints were received. They said they welcomed complaints and, any received would be investigated within timescales set in the provider's policy, with the outcome reported to the complainant. An easy read version of the complaints procedure was on display at the service.

## Is the service well-led?

### Our findings

Regular audits of the safety and quality of the service were carried out. However these had failed to identify staff not having signed a person's medicine administration record on the 2 October 2017 and, the fact that staff had taken no action following this.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

A range of other quality systems were in place and had proved effective. These included; weekly checks on areas such as; equipment, care records and health and safety. The provider had also developed a quality assurance programme which included; satisfaction surveys distributed to people, staff and families, unannounced visits from senior staff employed at the provider's offices and an overarching action plan based upon CQC's key lines of enquiry (KLOES).

The management structure was clear and understood by staff, families and friends and, professionals. The manager was assisted by a deputy and a senior support worker. Without exception we were told the manager and senior staff were supportive and approachable. Staff told us they were able to raise any concerns regarding poor practice with them and were confident these would be addressed. Other comments from staff regarding the leadership and management of the service included; "(Manager's name) is very approachable, so is (Deputy's name) I can talk to them anytime" and, "(Manager's name) is always on top of things". We also noted the manager, deputy and senior support worker worked well as a team. They were mutually supportive with a clear shared vision and complementary skills and abilities.

Each staff member we spoke with understood the vision, values and culture of the service and were able to explain them. Staff provided us with information we requested promptly and were available to answer any questions we had. The manager and staff spoke passionately about the service and their desire to provide a high quality person centred service. Individual staff were delegated 'functional roles'. These were areas of responsibility given to them which were then overseen by senior staff. Examples of these roles included; infection control, quality, health and safety, vehicles and food provision. Staff we spoke with felt these roles were both helpful and helped them feel 'valued'.

The provider operated an on call system for staff to access advice and support if the manager was not present. This allowed staff access to a senior manager at all times for advice and support. Staff confirmed they were able to contact a senior person when needed.

The manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments. They knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service during the 12 months before this inspection.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events. Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others.

Staff meetings were held regularly. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements, activities and staff related issues. Staff told us they found these meetings helpful. Records of these meetings included action points which were monitored by the manager to ensure they were completed.

A copy of the most recent report from CQC was on display at the service and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessment of the provider's performance.

At the end of our inspection feedback was given to the manager, deputy and senior support worker. They listened to our feedback and were clearly committed to providing a continuously improving, high quality service, valued by people, their families and friends and other health and social care professionals.

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  Systems and processes had not been effectively used to identify and assess risks to the health, safety and welfare of people using the service. Regulation 17 (2) (b).