Warren Park (Chapeltown) Limited

Warren Park

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection was carried out on the 22 and 28 September 2016. Both days were unannounced, which meant no-one at the service knew we would be visiting.
This service was registered under this registered provider on 10 April 2015.
Warren Park is a care home registered to provide accommodation with nursing and/or personal care for up to 60 older people, including people living with dementia. At the time of our inspection 25 people were living at the home.
The service did not have a registered manager at the time of the inspection. The covering manager had submitted an application for registration to the CQC in August 2016 and they were awaiting the outcome of the application. 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 and associated Regulations about how the service is run. This registered manager was not managing the service at the time of our inspection. The service was being covered by another manager who is referred to in the report as the covering manager. The service manager is the member of staff who has line manager responsibility for the manager of the care home.
At the last inspection on 11 and 20 April September 2016 the service was rated inadequate. During the inspection we found the covering manager was keen to improve the service and we saw that improvements had been made already. Care plans had been revised, staff had been assessed and measures taken if performance was below standard, and an auditing system had been put in place. However there continued to be fundamental errors in the delivery of care and support. However there continued to be four breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in, Regulation 12; Safe care and treatment, Regulation 9; Person centred care, Regulation 17; Good governance and Regulation 18; Staffing.
We checked that improvements had been made in the safe handling of medicines. We saw that insufficient action had been taken to achieve compliance.We found the service continued not have appropriate arrangements in place to manage medicines to ensure people were protected from the risks associated with medicines.
During our inspection we observed people had to wait at times for assistance. Staff and relatives told us at certain times they could do with more staff to ensure people needs were met in a timely way and maintain their safety.
People were not always supported to eat and drink sufficient amounts to maintain a balanced diet.
At the last inspection we found some staff had not received all the appropriate training relevant for their role and responsibilities and staff had not received an appraisal. We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. The covering manager and staff told us flash supervisions was provided regularly . We looked at supervision records of four staff and found evidence of discussion about development and well-being. The registered manager showed us records of group supervisions and ten minute catch up meetings where they provided support and supervision to staff. However, supervisions in two staff files stated that people would receive supervision on a weekly basis and

there was no record of this taking place.
Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed that although staff had been provided with supervision none of the staff had received a yearly appraisal. The covering manager had taken action to address these issues, but they still required embedding in practice. The covering manager told us that all staff were still awaiting an appraisal. The example of staff not having had an annual appraisal was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)
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 were being met. Whilst authorisations to deprive a person of their liberty were in place when they lacked capacity, the care and treatment provided was not always appropriate to meet their needs.
All the staff we observed were kind and considerate and assisted people to meet their needs. We always heard staff ask people before they assisted them with care needs.
People told us they were well cared for by staff and felt safe. This was supported by people's relatives and friends.
People had access to a range of health care professionals to help maintain their health.
The covering manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.
There was an inadequate system in place to monitor and improve the quality of the service provided, because checks and audits in place had not been effective in ensuring compliance with regulations.
At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection found that there continued to be multiple breaches .This was not enough improvement to take the provider out of special measures. CQC is now considering the appropriate regulatory response to resolve the problems we found.
Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.
At the last inspection we found the service did not have appropriate arrangements in place to manage medicines to ensure people were protected from the risks associated with them. At this inspection we found sufficient improvements had not been made, so that people's medicines were managed safely.
We found the systems in place to ensure staffing levels were maintained when there was an unexpected staff absence had improved, however, staffing levels continued to fall below that identified as being required by the service.
Where risks had been identified control measures had been put in place but it was not always evident that these were being carried out.

Is the service effective?

Inadequate

The service was not effective
At the last inspection we found there was not a robust system in place to ensure staff completed all the refresher training relevant to their role. At this inspection, we continued to find that some staff had not received appropriate training relevant for their roles and responsibilities.
The service was working within the principles of the Mental Capacity Act, but was not meeting the conditions of one of the authorisations, which meant the person was not receiving appropriate care to meet their needs.
Food and fluid charts were not always completed fully and therefore this meant we were unable to see if people were supported to eat and drink sufficient to maintain a balanced diet.

Is the service caring?

Requires Improvement

The service was not always caring.
People and relatives made positive comments about the staff and told us they were treated with dignity and respect.
We observed staff interacting with people who used the service and found they were very task orientated.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Some activities were provided for people; however, the programme of activities was limited and did not meet the needs of everyone living at Warren Park.

People received care that was personalised and responsive to their needs.

There was a clear complaints policy, and people living at Warren Park and their relatives were confident any concerns they raised would be taken seriously.

Is the service well-led?

Inadequate

The service was not always well-led.
At the last inspection we found the checks completed by the registered provider to assess and improve the quality of the service were not effective to ensure people were protected against the risk of inappropriate or unsafe care. At this inspection we found evidence that improvements had been made. However, our findings showed that further improvement was required in the monitoring of medicines, sufficient staffing levels, training, supervision and appraisal, and people's records. There were quality assurance and audit processes in place, but these had not been effective in ensuring compliance with regulations and there continued to be four breaches in regulation.

Warren Park

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 inspection took place on 22 September and 28 September 2016 and was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the 28 September 2016 the inspection continued with one adult social care inspector who had commenced the inspection on 22 September 2016.

The inspection included reviewing information we held about the service. This included correspondence we had received about the service and notifications required to be submitted by the service. A notification is the action that a registered provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place.

We also gathered information from the local authority. This information was used to assist with the planning of our inspection and inform our judgements about the service.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing the daily life in the home including the care and support being delivered. We spoke with five people who used the service, four relatives or friends, two healthcare professionals and five staff. We also spoke with the covering manager, the deputy manager and the service manager. We looked around different areas of the home such as the communal areas and with their permission, some people's rooms. We reviewed a range of records including three people's care records, four people's medication administration records, five people's personal financial transaction records, four staff files, maintenance records, complaints record and quality assurance records such as audits related to the management of the regulated activity.

Inadequate

Is the service safe?

Our findings

People, who were able, told us they felt safe at the home. Some people were living with dementia and were unable to tell us if they felt safe. Therefore we observed how they interacted with staff. People smiled and took hold of staffs' hands when talking to them, showing us they felt safe in their company. Relatives told us that they were happy with the home and they thought their loved ones were safe living at Warren Park. Staff said "If you had asked me 6 months ago if I thought they were safe I would have said no .They are now though." Staff know how to handle the people and keep them safe".

At the last inspection in April 2016 we found the service was not meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. We looked at the systems in place for managing medicines in the service to see if they had been improved. This included the storage and handling of medicines as well as six people's Medication Administration Records (MAR).

On the first day of the inspection we observed an agency nurse administering medicines at the service. The nurse was respectful and interacted positively with people they were administering medicines to. They wore a red 'do not disturb' tabard to let other staff know they were administering medication. We observed the nurse explain what the medicines were for and obtain consent from each person.

We noted some gaps in three people's MAR charts. For example, one person was prescribed baclofen and lactulose; there was a gap in their MAR chart on the 1 September 2016 for both of these medicines. Another person was prescribed a nutritional supplement, to be taken four times a day. There were gaps in the MAR chart on five consecutive days at the end of August and beginning of September 2016 and on another day in September.

At the last inspection we found concerns regarding the administration of prescribed external preparations, like creams and ointments. We found that sufficient action had not been taken to ensure that people's prescribed external preparations were administered. For example, we reviewed the topical creams list for the Wentworth unit dated 17 September 2016. The list contained the names of people who were prescribed creams, details of the cream and the frequency it should be applied. Two people were prescribed a cream that should be applied twice a day. The list showed this had been applied once for each person. Another person was prescribed a cream that should be applied when they got up and went to bed. There was one entry recorded in the record, which was a staff signature with no time listed.

We spoke with the nurse on duty nurse; they told us they were putting in a new process for staff to record the administration of creams and ointments. For example, they told us that some people required sorbaderm to be applied every third pad change but the current charts in place did not show when it was the third pad changed. They also told us that it was very difficult for nurses to sign the person's medication administration records to confirm a cream had been applied as staff did not always record the time when they applied a cream or whether it was morning or afternoon.

We reviewed the arrangements in place to store medication at the service. Medication was stored in a locked cupboard in the nurse's room on the ground floor. We saw the temperature of the medication cupboard had been checked by staff on the 20, 21 and 22 September 2016 and that the temperature had not exceeded 25 degrees centigrade. The nurse told us that previous temperature sheets had been archived. The nurse told us staff used ice packs to ensure the temperature did not exceed 25 degrees centigrade in the cupboard. They also told us the service's two medication trolleys were kept in a locked room in the

basement to ensure they were stored at the correct temperature.
In the room where medicines were stored in the basement we also found the room was being used to store boxes of other items, this resulted in staff not being able to access the sink area, which is necessary to ensure medicines are handled safely. We reviewed the records for both the temperature of the room and refrigerator being used. We saw there were gaps in the records for seven days in August 2016. We saw the temperature of the medication refrigerator had exceeded 8 degrees centigrade over ten times between 18 August 2016 and the 22 September 2016. We spoke with the nurse who told us that a new refrigerator had been requested but not supplied. Two tubes of timodine cream were being stored in the refrigerator. We saw that one tube of the cream had been opened, but no opening date had been recorded. It is important that an opening date is recorded so staff can establish when it should no longer be administered.
We reviewed the arrangements in place to manage controlled drugs. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are stored and dealt with. We saw that controlled drugs were being stored correctly. We looked at the controlled drugs records and found them to be in good order. However, we noted that one person's prescription had been discontinued on the 1 August 2016. We shared this information with the nurse, they assured us it would be removed and destroyed as per the legislation.
We reviewed the MAR chart for one person who was prescribed a transdermal patch for around-the-clock treatment of moderate to severe chronic pain. We saw the patch should be administered on a seven day cycle. The person's MAR showed that their transdermal patch had not been administered in accordance with this prescription. We spoke with the nurse they told us that staff had identified on the 7 September 2016 that the person's patch had not been administered. This showed the person may have experienced pain as they had not been supported appropriately.
The nurse told us that two people were prescribed a thickener to thicken their drinks. They told us that thickener was stored in the medication cupboard and staff requested the person's tin when they were making a drink for them. Tins of thickener should be stored safely as they present a risk to people if the contents are swallowed. During the inspection we asked the staff member how they would know who required their drinks to be thickened. They told us they did not have any written guidance and they would ask the nurse. We asked the staff member who the tins of thickener belonged to. They were unable to read the prescription on the tins as they did not have their reading glasses. We shared our concerns with the nurse they told us the person who required their drinks to be thickened had been present in the room. The nurse told us there was guidance for staff to follow regarding what people have to eat and drink but it had gone missing. Later in the day the covering manager told us that the guidance was available in the kitchenette area next to the lounge. This showed that there was a risk that people would not be provided with care in a safe way.
We found that people did not have a "protocol" in place, for medicines prescribed as "when required". The protocol is to guide staff how to administer those medicines safely and consistently. We saw that some people's protocols needed more details. For example, how the person communicated they were in pain, which could be for example by facial expression or rubbing the area where they experienced pain. We shared this information with the nurse; they could describe how individuals expressed they were in pain and this needed to be included in the person's protocol.
We found the registered provider had not taken sufficient action to ensure there were appropriate arrangements in place to manage medicines safely to ensure people were protected from the risks associated with medicines. These findings evidenced a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment.
We checked that sufficient numbers of suitable staff were on duty to keep people safe and meet their needs. One relative we spoke with said, "There's never enough staff". We spoke with the covering manager, checked staff rotas at the home and carried out observations throughout the two days to assess whether staffing levels were adequate. Staff we spoke with said that when the required staff were at work there was generally enough staff to meet people's needs. It was if sickness occurred and they could not get cover they struggled.

We looked at the number of staff that were on duty on the days of our visit and checked the staff rosters to confirm the number was correct with the staffing levels they had determined. However, we identified that there had been occasions when the service had not been adequately staffed to provide safe care and treatment. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing.

When people started using the service their nutritional needs and preferences were assessed. This assessment used the Malnutrition Universal Screening Tool (MUST). MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan. In the care records we looked at, we saw nutritional assessments were completed to assess whether the person was at risk of becoming nutritionally compromised. We found that care plans reflected people's nutritional and hydration needs. We saw that where people required their food and fluid intake monitoring as part of their health needs, this was in place, but staff did not consistently document or record the amount of fluid intake. We also observed in four rooms that people had drinks, but they were not within reach for them to drink, and without assistance could not reach them. This meant there was a risk that people's hydration levels may not be met and appropriate action taken.

Records also gave conflicting information about frequency of weighing. For example, one person's care plan stated '[the person] is at risk of becoming malnourished and dehydrated and that they should be weighed every two weeks'. However, the last two records of weight were in June and August 2016. In another person's file on the weight audit it stated "slight weight loss – kitchen informed to fortify food and offer fortified milkshakes." However, there was no record of this on the supper sheet.

We checked the records of what people had to eat and there was conflicting records. For example, individual food records recorded one person as having sausage and potatoes whereas the records from the kitchen recorded lamb casserole. For another person their dietary record stated the person had eaten rice pudding when the kitchen records stated they had apple pie and custard. These meant records of foods being eaten were not accurate.

Staff we spoke with told us they had received safeguarding training, although some of them could not clearly explain what form this had taken. Staff seemed to know some of the signs of abuse to look for, for example one staff member said, "I would report it if the service user seems afraid of staff or has bruises". However, another staff member said she would "report a complaint from a service user about physical abuse by another staff member if she thought the complaint was genuine." This demonstrated that the training had been ineffective and the member of staff did not have a clear understanding of their roles and responsibilities under safeguarding.

The covering manager had systems in place to review the safety of the service by carrying out a series of audits. These included gas safety checks, fire, legionella, care plans, and infection control. Arrangements were in place for the emergency evacuation of people in the case of a fire. Fire-fighting equipment and systems were monitored and reviewed.

Inadequate

Is the service effective?

Our findings

During the inspection we spent time in all areas of the home used by the people who used the service. We saw that the physical environment throughout the home did not always reflect best practice in dementia care. For example, other than some pictures on bedroom doors there was no further evidence of adaptations to the environment to show good practice guidelines had been put into practice. For example, there was no evidence of contrasting colours being used to aid independence, for instance on light switches, grab rails and bathroom/bedroom doors. Corridors were all similar in colour, and although some bedroom doors did have a picture of the person they were often falling off the doors. None of the bedrooms had a memory box people could associate with to help them find their own personal space.

The NICE guidelines "Dementia" Supporting people with dementia and their carers in health and social care 2006' states; 'Built environments should be enabling and aid orientation. Specific, but not exclusive, attention should be paid to: lighting, colour schemes, floor coverings, assistive technology, signage, garden design, and the access to and safety of the external environment'. This meant that the environment was not suitable for people living with dementia. We spoke to the covering manager about this and they were passionate about future plans to develop areas of the building. For example, they talked about developing a café on the ground floor.

At the last inspection in April 2016 we found the service was not meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing. During our inspection on the 22 and 28 September 2016 we found the registered provider still did not have suitable arrangements in place to ensure that people that were employed were appropriately supported in their roles and responsibilities.

At the last inspection we found there was not a robust system in place to ensure staff completed all the refresher training relevant to their role. At this inspection, we continued to find that some staff had not received appropriate training relevant for their roles and responsibilities. The covering manager provided the training matrix which identified areas where staff required training, or that training needed updating. We saw there continued to be gaps where staff had not received training, or that their training required updating, which meant not all staff had received training relevant to their roles and responsibilities. For example, there were 21 staff that still needed to do safeguarding training and ten staff that needed to do Mental Capacity Act (2005) and Deprivation of Liberty Safeguards training. Other training that was required by some staff included infection control, food safety, and health and safety. We spoke to the covering manager about this and they told us that staff would be attending training in October 2016.

During this inspection we found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.' On the day of the inspection we saw evidence that staff were receiving supervision, however some of these were outstanding. We discussed this with the covering manager and they showed us a monthly planner that identified dates for future supervisions. We looked at supervision records of four staff and found evidence of discussion about development and well-being. The covering manager showed us records of flash supervisions and ten minute catch up meetings where they provided support and supervision to staff. However, supervisions in two staff files stated that people would be subject to weekly supervisions however there was no record of this. The covering manager

confirmed that they had not completed an appraisal any of the care staff. Records seen showed that although staff had been provided with regular supervision we found appraisals and supervisions were not always completed in line with the providers own policy.
The above demonstrates a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing.
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. The application procedures for this in care homes and hospitals are 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 were being met.
The covering manager told us three people had authorisations that deprived them of their liberty. For one person we found the person had three conditions attached to the application, but these were not all being met. For example, one of the conditions stated that the person should have "regular one to one staffing to ensure her social and emotional well-being." However, when we looked at daily records and activity records there was no record of any activity or offer of one to one support for nine days and this meant the person's conditions of their deprivation of liberty safeguards were not being met.
This meant that whilst authorisations to deprive a person of their liberty were in place when they lacked capacity, the care and treatment provided was not appropriate to meet their needs. This demonstrates a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Person-centred care
We checked the systems in place to ensure people were supported to have sufficient to eat, drink and maintain a balanced diet.
During the inspection we saw people were encouraged to eat and drink in the dining room. We saw picture menus were available for people to be able to see what was on offer for the meals. Pictures are particularly helpful for people living with dementia to help them make choices.
People we spoke with told us they enjoyed their meals. One person told us "the food is good." This was confirmed when we spoke with relatives about the meals provided. One lady who refused all food was asked "what do you fancy, just tell me and we will try and get something you like".
During the mealtimes we saw that some meals being taken to people's rooms, but people had to wait a considerable amount of time for their meal, which meant the food was most probably cold. We observed one person in their bedroom eating their meal from a small unbalanced chest of drawers. The person was sliding out of their chair and we had to ask staff to offer assistance.
We checked that people were supported to maintain good health, had access to healthcare services and received on-going healthcare support. We saw care records that showed us that some community professionals were involved in the care and treatment of the people who used the service, such as a weekly visit by the GP and we observed another health professional visit the home to speak to someone about their positional needs. One relative told us "The doctor comes every Monday and the nursing staff are brilliant."
We spoke with visiting health professional during our inspection. They told us they thought Warren Park was "Really good, we have been impressed. The nurses have been really helpful and everything's been well documented in the care plan."
We observed drinks being regularly taken into the various lounges during our visit. We saw people who preferred to spend time in their bedrooms also received drinks.
We reviewed wound assessment records for people who used the service. We saw that regular assessments were being completed by the nurses. Tissue viability nurses had been also involved in people's care and treatment regarding their skin. The assessments included specific instruction for staff to carry out to

mitigate the risk of the integrity of people's skin becoming compromised, for example, two hourly repositioning. We reviewed two people's repositioning records. We found gaps in their repositioning records. We spoke with one person and they told us night staff did not regularly reposition them. We reviewed another person's repositioning records at 2pm on the first day of the inspection. We saw the last time the person had been repositioned was 12pm. We visited them again during the afternoon to check if staff had been in to support them. At 3:50pm we saw a trolley had been placed outside their room to support the person with their personal care. We found the arrangements in place to ensure people who required regular repositioning were not robust.
The examples above evidence a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Requires Improvement

Is the service caring?

Our findings

All the staff we observed were kind and considerate and assisted people to meet their needs. We always heard staff ask people before they assisted people with their care needs. For example staff said, "Are you alright", "Do you want me to help you sit up", "What would you like to do today" and "How are we today?"
We spent time in communal areas talking to people who used the service. When we first arrived at our inspection the service was quiet. Six people who used the service were sitting in the lounge, with two staff. Other people were still in their bedrooms. On the day of the inspection there was a new team leader, and three agency staff. We found staff were not always nearby to offer assistance, however, staff were respectful and we noted some really caring interactions with people, for example one person was asking the member of staff what they were doing and the member of care staff held her hand and chatted reassuringly.
When we observed staff serving mid-morning drinks, a choice of tea or coffee was offered. We heard staff waiting for the person to reply. It was evident people's choices were listened to and respected.
When we asked the people who used the service and their relatives about the care staff we received positive comments. Relatives we spoke with acknowledged improvements had been made and things were much better. One relative said, "It is much better, kept informed better and feel you are listened to." Another told us "The care's good, most of the staff are back and it's better. Some of the staff excel and it shows." Another relative said, "[My relative] is content here. I know when I leave they are going to be safe."
Whilst we saw some staff interacting with people in a positive and caring way, most interactions were task orientated. Observations showed that people treated people with dignity and respect. Staff respected people's dignity by knocking at their doors and calling out before entering their bedrooms. We heard care staff asking questions and waiting patiently for answers, for instance, when asking people for their choice of meal at lunch time. We heard care staff explain what they were doing before helping to move people in their wheelchairs or reclining chairs.
During the inspection one person who was partially sighted and hard of hearing had lost their hearing aid and had a visitor. The visitor told us "I have been looking for the hearing aid for hours and I can't find it. It's pointless coming to see [the person] if they can't hear me." Eventually it was found in a box at the nurse's station, but it was not working so the lady was unable to use it. A staff member did try to get it working, but was distracted by lunch service.
On one occasion we found someone calling out and asking to get out of bed and there were no staff to assist them. They were very distressed. One person told us "I am always waiting for them to get me out of bed."
People had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we found the provider did not have an effective, accessible system in place to identify, receive record and respond to complaints made by people and others.
The complaints process was on display. Since our last inspection there had been four complaints and these had been responded to .We saw evidence that there was a robust process in place to ensure complaints were responded to and addressed. The manager reviewed the service's complaints activity as part of their auditing processes. People told us that they knew who to talk to if they had any concerns. Relatives spoken with told us that if they had any concerns they would speak with one person told us "we have had a three different managers since I have been here and this manager is pulling their socks up."
This meant the provider was now compliant under regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
We checked people's care records. They told staff how to support and care for people to ensure that they received care in the way they had been assessed. People were assessed in a number of areas before they started using the service. These assessments covered their likes and dislikes as well as their support needs in areas such as communication, skin care, and mobility, sleeping and eating and drinking.
Care plans we viewed included a life story about people's work and family life and likes and dislikes.
People's care records provided a sufficient guide to staff on people's current care, treatment and support needs. Files contained risk assessments and plans for moving and handling, pressure areas and nutritional status. Where concerns had been identified it was clear what action needed to be taken. However, we found that people's records, particularly their daily records were not maintained to ensure they were accurate, complete and contemporaneous. It is important that an accurate record of the care and treatment provided to a person is kept to minimise risks for people in their care and treatment. For example on the day of the inspection we looked at records belonging to three people and found risk associated with people's care and treatment had been identified. These included risks regarding choking, malnutrition, falls, and mobility. Risk assessments gave clear guidance and instruction to staff. However on the day of the inspection we checked the nutrition and hydration charts of three people who were at high risk of malnutrition. For example, one person had no record of drinks given after 4.30pm and no there was no record of fluid target in 24 hours or how much there urinary catheter had drained at the end of the day.
When we spoke with people and their relatives they commented "[My relative] is well kept and well fed. He is always clean and his clothes are always clean." Another relative said, "[My relative] is always clean and they make sure he has a shave and wears a clean shirt."
The service had one activity co-ordinator who worked sixteen hours a week. The covering manager told us "We do not have a weekly activity schedule; we found that this did not work." The activities co-ordinator told us "I ask residents what they want to do." During our inspection we saw a couple of people playing dominoes in the lounges but people did not benefit from individual activity plans to ensure they had meaningful activities to promote their wellbeing. We observed that people at Warren Park were provided with little stimulation. This led to some people becoming disengaged with their surroundings, particularly in the lounge area in the morning. They told us that the activities co-ordinator did a regular well-being check with people to see if there were any particular activities they would like to partake in.

Inadequate

Is the service well-led?

Our findings

At the last inspection in April 2016 we found the service was not meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We checked the progress the registered provider had made in regard to good governance. At this inspection we found the registered provider had made some improvements. For example, supervising and supporting staff and reviewing and developing person centred care plans.

However, we found that sufficient improvements had not been made in assessing and monitoring the management of medicines and record keeping. We saw there were policies, procedures in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. Records showed that the service was not applying these safeguards appropriately.

We saw evidence that medication checks had been completed at the service since the last inspection. However, our findings during the inspection showed that the system for monitoring the management of medicines required further improvement. It is essential to have robust monitoring in place in order to identify concerns, to make improvements and changes needed to ensure medicines are managed safely.

During the inspection we reviewed people's records. It is important that people's records are accurate, complete and contemporaneous, including a record of the care and treatment provided to the person. One relative commented "I've seen better changes lately; the covering manager is pulling peoples socks up. Staff are more alert; staff don't like being told what to do." Another person said, "We have had three managers while I have been here and this one's approachable. She told me don't bottle things up."

The covering manager communicated with staff about the home and staff were encouraged to give their feedback. There were meetings for staff to share their views and keep updated about people's individual needs and matters that affected the service. We looked at some staff meeting minutes which were clear and focused on people's needs and the day-to-day running of the home. Records of these meetings included discussions around the care provided and keeping staff aware of good practice such as manual handling, dignity in care, care documentation and care planning. Staff also shared information through shift handovers. Staff confirmed daily handovers took place so they were kept up to date with any changes to people's care and welfare.

The feedback we received from staff in relation to the management team was mixed. Comments included, "I feel supported and think things are getting better" and "Things are going really well, staff feel they are pressured, but they are supported". In contrast other staff said, "Staff don't know what they are doing. The paper work's swapping constantly. One minute you are doing food and fluid charts and the next minute they change them" and "We have lovely carers but they are all off sick. Nobody wants to be here because of the covering manager. At lunchtime they sit and observe you and staff feel intimidated."

The covering manager and registered provider carried out quality assurance checks to monitor and improve standards at the service. However, the quality assurance and audit processes had not been effective in ensuring compliance with regulations and there continued to be breaches in regulation. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. However, we found that the governance systems in place are not yet established or operating

sufficiently robustly to always identify and address improvements that are needed, in a timely and effective way. This is a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014; Good governance.
We were shown a quality assurance file by the manager. This included records of daily walks around the home undertaken by management to identify any problem areas and what action was required to resolve these issues. The areas covered included observation of care provided by staff, infection control, meal and nutrition audit, financial audit and dignity audit. The service had a full set of policies and procedures; however some of the policies were in the process of being reviewed to ensure they reflected current practice.
The covering manager knew how and when to notify the Care Quality Commission (CQC) of any significant events which occurred, in line with their legal obligations. They also kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and honesty. The covering manager understood and was knowledgeable about the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
Our inspection identified that the manager is keen to improve the service and we saw that plans were being put in place for this to happen.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Not fulfilling conditions on DOLs

The enforcement action we took:

NOP

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	Incomplete daily records

The enforcement action we took:

NOP

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	Ineffective governance processes

The enforcement action we took:

NOP

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
	Insufficient staffing

The enforcement action we took:

NOP