Warwick Park House Limited

Warwick Park Care Home

Inspection report

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Ratings

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

Overall summary

We inspected Warwick Park on 04 December 2014. Warwick Park is a care home for older people who require nursing or personal care. It provides accommodation over two floors for up to 50 people. At the time of the inspection there were 40 people living at Warwick Park.

There was a registered manager in post at Warwick Park. 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.

We saw people were well cared for, but some people did not always have their needs met in a timely way. Staff and people living at the home told us there were not always enough staff to meet their needs. People told us they had to wait for care to be provided at times; "Wait to go to bed, in toilet ages waiting" and "They could always do with a few more pairs of hands" and "Sometimes there are delays answering bells." Following the inspection we received anonymous information of concern, from one person, stating that some staff were not always respectful to people at the home. We heard some staff using inappropriate disrespectful language during the inspection.

The provider did not have an effective way of monitoring and assessing the service it provided to people. Some maintenance of the premises had not been regularly

Summary of findings

monitored. Although a lot of training and support had been offered to staff, the training, supervision and appraisal records were not held effectively so the provider could monitor when such support was next due for individual staff. We found records relating to people's medicines were not always accurate or completed by staff appropriately.

Accidents and incidents were not audited so that any patterns could be addressed to help reduce the risk of re-occurrence. Food and fluids charts were kept by staff for each person at the home. It was not clear why all people at the home required this monitoring and was institutional practice. These charts did not show they had been monitored to ensure each person had sufficient to meet their individual needs. Care plan reviews were not always held in a timely way to reflect any changes that may have taken place in the needs of a person. This meant staff were not provided with accurate information to support them to meet people's needs effectively. People were not always involved in their own care plan reviews or given the opportunity to sign in agreement with the contents. We have required the service to always keep the records of peoples care adequately. Activities were provided, however, people told us they did not always find them to their choice and preferred to spend time in their rooms. You can see what action we told the provider to take at the back of the full version of the report. The provider told us they were keen to address the shortfalls found at this inspection and that they were committed to improving this service.

People were supported to live their lives in the way they chose. People's preferences and wishes were recorded and well known by the staff who cared for them. People were asked what they thought of their service at residents meetings. People told us they saw the registered manager most days, who they could speak with if they wished. People had requested activity to be provided to them in their rooms and this was being discussed with the registered manager.

Staff reported being supported by the registered manager and although stated they were stressed and under pressure due to staff shortages, they felt they worked well together as a team. They told us; "I really love working here, if there are any problems the manager is more than happy to sort them out" and "We are a good team if we see someone is down, the team try to bring them up."

During our inspection there was building work going on around the home as part of the re-furbishment programme started by the provider. The service was in the process of making rooms bigger and adding en-suite facilities. New carpets were due to be laid the week after the inspection. Disruption was kept to a minimum for people who lived at the home. There were comfortable areas for people to spend time with visitors or time on their own away from their bedrooms.

People were happy living at Warwick Park. The atmosphere was friendly and relaxed and we observed staff and people living at the service were happy in each others company. People told us; "Lovely, only one word, I'm well looked after, couldn't be better" "I like it here, the girls are lovely" and "the food is not brilliant, the veg are always mashed." We saw visitors come and go throughout our visit, people told us visitors were welcome at any time.

People felt safe at the home. One person told us; "I feel safe and respected, there is nothing wrong with that." Staff were aware of how to report any concerns of abuse they may have to the registered manager and were confident any necessary action would be taken to protect people. We found the service was meeting the requirements of the Deprivation of Liberty Safeguards. People's human rights were properly recognised and promoted.

Staff understood the needs of people and we saw that support and assistance was provided in a caring manner. People and their families told us; "Staff are wonderful couldn't have better staff," "Its alright, been here seven years, they [staff] are respectful, no harm." Visitors told us; "My Mum would not be alive today if she hadn't come here, it is a lifeline. I can't fault anything not one thing and my brother feels the same he has lunch there, he spends hours he loves it."

The provider took steps to ensure staff were skilled. Staff were actively encouraged to attend training in areas specific to the needs of people living at the home, for example, phlebotomy [blood taking] and catheter care. Specific care guidelines were provided to staff to help ensure best practice was followed by the staff in the home. This helped ensure the care provided to people

Summary of findings

was safe and effective to meet their needs. New staff received a thorough induction when they joined the home and all staff fully understood their roles and responsibilities.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe. There were discrepancies in the records associated with people's medicines. Care records were not always accurate.

There were not sufficient numbers of staff to meet people's needs.

Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. People and their families told us they felt safe.

There were effective systems in place to manage risks.

Is the service effective?

Good

The service was effective. People were asked about their preferences and choices. The registered manager understood the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and made sure they were used appropriately.

People received care from staff who were trained to meet their individual needs.

External healthcare professionals were involved in providing specialist areas of care and treatment to people. People were able to use appropriate health and medical support whenever it was needed

Is the service caring?

Requires Improvement

The service was not caring. People told us most staff were caring, however, there were some care staff who were not caring. Some staff did not treat people with dignity and respect. We heard some disrespectful language used by staff.

People were not involved in their own care plans or reviews.

During our visit people were cared for in a kind manner.

People's end of life choices had been sought and recorded to help ensure people's wishes were respected.

Is the service responsive?

Requires Improvement

The service was not responsive. People told us they had to wait for care to be provided.

Care plan reviews did not always take place in a timely way in response to any change in a person's needs.

Activities provided were not meeting people's needs.

People did not have easy access to the complaints procedure, should they wish to raise a concern.

Summary of findings

Is the service well-led?

The service was not well-led. The provider did not have effective processes in place to monitor and assess the service provided.

Accidents and incidents were not monitored to help ensure patterns and trends would be recognised, addressed and reduce re-occurrence.

Staff told us they felt the registered manager provided good leadership but they did not feel actively involved in the development of the service.

Requires Improvement

Warwick Park Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Heath and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Warwick Park on 4 December 2014 and the inspection was unannounced. The inspection was carried out by two 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. Their area of expertise was in older people's care.

Before the inspection we reviewed the information we held about the home and notifications we had received. A notification is information about important events which the service is required to send us by law.

Our last inspection was in January 2013 and we did not identify any concerns with the care provided to people who lived at the home.

During the inspection we spoke with 11 people, five relatives and one visitor. We also spoke with the registered manager, the provider and eight staff including one nurse. We looked around the home and observed care practices on the day of our visit. We looked at four records which related to people's individual care. We also looked at four staff files and records in relation to the running of the home.

Is the service safe?

Our findings

During our inspection we looked at the arrangements in place for the administration of medicines. The medicine administration records (MAR) were not completed correctly and did not provide a clear record of when each person's medicines had been given. We saw five gaps in the records which had occurred in the past two weeks. Staff had not signed the records when medicines were prescribed for people. It was not clear if people had received their medicines as prescribed. We checked the medicine packs for the occasions when there were no signatures on the records and found the medicines were not present. People who lived at the home told us they received their medicines in a timely manner. The nurse on duty during the inspection told us ;"we do come across gaps, its due to being disturbed and interrupted during the round." The home had recognised this as a concern but had not acted to address the issue.

Some medicines which required additional secure storage and recording systems were used in the home. These are known as 'controlled drugs'. We saw that these medicines were not recorded correctly into the controlled drugs book when received by the home. The stock of controlled drugs held by the home did not agree with the list in the index of the record book. The registered manager checked the medicines with us and found most of the discrepancies had been recorded on different pages throughout the the book, under the name of the person for whom they had been prescribed. This meant it was not possible for staff to easily check what stock of controlled drugs was being held by the home. The home had two medicine trolleys, one served the upstairs and the other downstairs. Both trolleys held the medicine records for people in the home. These were stored openly on top of the trolleys, available to anyone passing by. This did not ensure information relating to people's care was secure.

This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager told us they felt there were sufficient numbers of staff to meet people's needs. There were processes in place to address short notice illness and absenteeism, . The provider had experienced challenges in covering short notice illness. The registered manager told us the home was currently recruiting staff to enable more flexible cover for sickness and holiday absence. Staff had recently been dismissed for repeated non attendance at work. The registered manager was working as a nurse on regular shifts in order to provide support for the staff. On the day of our inspection there were nine care staff and a nurse on duty to meet the needs of 40 people.

We asked people if staff responded quickly to their needs. Comments included; "If I want to see 'em then 5 minutes later they come and attend to me," "In the night I have waited 30 mins on WC," "They [staff] need to give more attention to immediate needs. For example this morning I was up at 7 but waited for a wash until 10.15" and (I was) "left for a long time in the evening." Other people told us; "At the moment I feel there is not enough staff. I have let it go because I was told there were enough," "Sometimes alright, sometimes not [wakes at 7] left till 10 to be washed," " Wait to go to bed, in toilet ages waiting" and "They are very good at answering the bell." One person told us they had asked to have a shower many times since they had arrived the week before. Staff had not been able to provide this for the person and told us "we don't have time."

Staff told us they did not have sufficient time to meet all the needs of people at the home and there were not enough staff to respond to people quickly, and they felt demoralised, stressed and rushed by this. They tried to calm people and explained why they had to leave them waiting sometimes. Staff told us there did not seem to be a "back up on-call system to quickly cover staff sickness and absences" and they were working a lot of shifts to cover. One staff member had reported their feelings to the registered manager and told us; "Manager didn't say a lot" and "we are always rushing, its exhausting," and "The problem is staff who just go off sick and don't turn up, it puts pressure on the rest of us."

Most of the people living at Warwick Park spent their time in their rooms, and some reported not seeing staff often. We were told the morning routine was very busy as people were to be provided with personal care and given their breakfast in their rooms by 9.30am. Staff told us this was challenging for them, with people having to wait for their needs to be met whilst food was being served. Visitors felt there were not always enough staff saying, "They [staff] are always very busy and work hard," "They could always do with a few more pairs of hands" and "sometimes there are delays answering bells." Another visitor told us; "My Mum panics and if she rings the bell they respond immediately."

Is the service safe?

Following the inspection we received anonymous information of concern, stating the service did not have sufficient numbers of staff to enable people to have the time spent with them that they required. Staffing levels were not meeting people's needs.

This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

We looked at people's care records and they contained appropriate risk assessments which were reviewed. There was detailed guidance and information for staff on how to reduce the risks for people. For example, one person was unable to use the call bell and staff were advised to check every hour to ensure their needs were met. We saw they were checked regularly. Another person had been assessed as unsuitable to have bed rails fitted to their bed, as they climbed over them and were at risk of injury. This person had a pressure mat in place on the floor beside their bed so that staff were alerted when they were out of bed. However, some risk assessments in the care files in their rooms were not up to date and did not give staff current advice and guidance.

When accidents and incidents occurred these were recorded by staff in people's care files and the accident file. Up until August 2014 these incidents were analysed monthly. Since August 2014 all the recorded incidents remained together in the accident file. These had not been audited. This meant the provider would not be made aware of any patterns or trends that appeared and therefore could not respond to reduce the risk of potential re-occurrence. However, the registered manager worked closely with staff and had a good knowledge of the people living at the service. One person had been referred for assessment following falls.

People told us they felt safe living at the home and with the staff who supported them. People had no concerns for their safety or that of their possessions. Comments included; "I feel safe and respected there is nothing wrong with that," "No staff here would hurt me" and "I've been here a good while, very good, they will do their best, they see you are comfy." One relative who visited daily told us the care was; "fine, they are kind, every need is met, good place." Staff told us they felt people were safe at the home.

23 of the 47 staff recorded on the training records had received training in safeguarding adults. The registered manager told us these records were not accurate and more staff than this had attended training. Staff had a good understanding of what may constitute abuse and how to report it. All told us they would have no hesitation in reporting any concerns to the registered manager. Staff were confident any allegations would be fully investigated and action would be taken to make sure people were safe. We looked at the Safeguarding Policy and found it to contain accurate information about the various types of abuse, and the process for raising concerns within the service. It contained information for staff on the local arrangements and the contact details for the local authority should they wish to raise concerns outside of the home. Staff were aware of the Whistleblowing policy and were confident about raising any concerns they may have had.

The service had a safe recruitment process in place at Warwick Park. Appropriate checks were undertaken to ensure staff were safe to work with people at the home.

Is the service effective?

Our findings

Staff told us they would always; offer people choices and respect their rights, and seek people's verbal consent before providing care and support. However, staff were not clear about the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) legislation. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. DoLS provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. Training had not been provided for staff on this subject. However, the registered manager had a clear understanding of the legislation and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. When people at the home had been found not to have the capacity to make decisions for themselves, a best interest meeting was held, involving people the person knew well and other professionals. One person at the home had been required to be restricted in order to be cared for safely. An authorisation had been granted by the local DoLS team and was seen in the person's care file. We checked the conditions in place for this authorisation. It stated the person should have their bell made available to them for use at all times and be re-positioned every two hours. We found the bell was under their bed when we visited the person's room. The person told us they did not choose to use their bell, their door was open and they preferred to call to the staff if they needed assistance. The records in this person's room showed they had been re-positioned regularly.

We were contacted by an anonymous person after the inspection who told us staff did not always give people enough time to respond with their wishes, when staff asked them questions. We were told staff would make decisions on their behalf that suited the staff, not necessarily the person's wishes. The registered manager told us there had been a poor culture amongst the staff at the home but that this was being addressed. During the inspection we heard staff interacting with people in a patient and calm manner providing them with time to respond. Staff demonstrated a good knowledge of people's individual needs and told us how they cared for each person to ensure they received effective care and support. People and visitors spoke well of staff and said staff had the right knowledge and skills to meet people's needs. Comments included; "There is nothing I'd like to improve, they do the best they can," "Lovely, only one word, I'm well looked after, couldn't be better" and "I like it here the girls are lovely." A family member who visited regularly told us, "the staff know what they are doing, Mum is always clean and well looked after. Plenty of food and drinks are always available." One member of staff told us; "If my Mum was here she would really like it."

Staff told us there were good opportunities for on-going training and obtaining additional qualifications was encouraged. The registered manager told us of specific training sessions that nurses had attended such as phlebotomy and catheter care. Staff told us they received good support from their senior staff and management, however formal supervision was not offered regularly. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. Some staff had received formal supervision but one member of staff told us they had worked at the home for years and never had a formal supervision or an appraisal. The registered manager agreed this was the case and had plans to address this issue.

Staff completed an induction when they commenced employment. There was an opportunity for staff to become familiar with the policies and procedures used at the home. Staff reported being made aware of their roles and responsibilities. They shadowed an experienced member of staff before they started to work on their own. Staff told us they found this support useful.

Care files contained specialist best practice guidance for staff to refer to when supporting people with specific conditions, or taking specific treatments. This supported staff to increase their knowledge and helped to ensure the person received consistent care from staff at all times.

We reviewed four people's care plans. The main care file was held in the office, with a smaller quick reference care plan and risk assessments kept in the person's room for staff to refer to easily. Two people, or their representatives, had been given the opportunity to sign in agreement with their own care plan. Some people living at the home had a diagnosis of dementia and their ability to make daily decisions could fluctuate. Staff had worked with relatives and healthcare professionals to develop care plans that reflected the choices people would have previously made about their daily lives. Staff had a good understanding of

Is the service effective?

people's needs and used this knowledge to enable people to make their own decisions about their daily lives whenever possible. However, there was little evidence of the involvement of the person, or their representatives, in the creation, or the regular review of their care . The registered manager told us the home was planning to change their care plan documentation to a more simplified person centred format, which would encourage staff to actively seek people's, or their representatives, signed agreement to their plan of care.

We asked people for their views on the food at the home. Comments were not always positive including; "There is a lot of mash. The food is not brilliant, the veg are always mashed. They think I can't cope but sometimes I can. It is easier for them [to mash]," " You get a choice up to a point, it is quite good. It's eatable nothing special," "Yesterday was turkey with two small burnt roast potatoes and mashed veg, evening was chicken nuggets and chips. The food is not cold and I can have sandwiches" and " Food is very nice. You get what you are given, you can have something different if you wish." Three visitors told us; "Mum loves the food here, she eats really well." The manager told us they were aware of the need to improve the food at the home and this would be addressed.

Each person had their nutritional needs assessed. The home monitored people's weight in line with their nutritional assessment. Everyone at the home had their food and fluid intake recorded on charts in their rooms. Whilst some individuals may require robust monitoring of their food and fluid intake it is considered task orientated practice to monitor everyone continuously. This practice did not consider the needs of the individual person. We saw these had been completed regularly by staff. There was no recorded monitoring of these records, and it did not show on each person's chart what was considered to be adequate intake for that person in a 24 hour period. The registered manager told us the staff recorded all food and drink taken by a person as part of their care provision. This would be referred to should the person begin to loose weight , become unwell, or decline food and drink. People were offered support with their meals if required, and staff were seen sitting next to people providing assistance in a calm and patient manner. During the day of the inspection no one ate their lunch in the dining room. People were offered a choice as to where they wished to have their meal.

Care records confirmed people had access to health care professionals to meet their specific needs. This included staff arranging for opticians, chiropodists and community nurses. People and visitors told us they were confident that a doctor, or other health professional, would be called if necessary. We attended the staff shift handover and heard staff discuss the change in one person's condition, and that a GP had visited that morning. Another person living at the home had been visited by a specialist nurse to assess them, with a view to the person returning to their own home. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called.

Is the service caring?

Our findings

Following this inspection visit CQC received anonymous information of concern alleging that some staff were not caring and were disrespectful of people at the home. During our inspection we heard staff speaking loudly in corridors discussing people who lived in the home, using terms such as “doubles, singles and feeders.” One member of staff told us; “We get behind on feeds, sometimes delay up to 2pm, there are an awful lot of feeds.” We discussed the staffs use of inappropriate and disrespectful language with the registered manager. We were told support was being provided to staff to help ensure a change in the culture of the staff working at the service.

People and visitors told us most staff were kind and attentive to their needs. People’s comments about the staff varied; “Some [care staff] could be a lot more caring, the young ones can be very thoughtless,” “You get the odd one or two [carers] who don’t have the mannerism . Most of them are lovely, but some are abrupt, they think you are senile because you are here. Most you can’t fault but they are short.” Others told us “Staff are wonderful couldn’t have better staff,” “Its alright, been here seven years, they [staff] are respectful, no harm.” Visitors told us; “My Mum would not be alive today if she hadn’t come here...it is a lifeline. I can’t fault anything not one thing and my brother feels the same he has lunch there, he spends hours he loves it,” “They [staff] really know her” and “Nurses give us full information, they know all the detail, they tell us things and explain it all well, I can’t fault it honestly.”

During the inspection staff and people interacted in a caring way. We heard staff chatting to people whilst they supported them . We saw a member of staff respond in a sensitive manner to a person who was upset in their room and brought them tea. People told us the staff respected their privacy and dignity by ensuring that doors and curtains were shut at times when personal care was being delivered. We heard staff asking people in the lounge if they wished to receive assistance with the toilet before meals, this was done in a quiet and respectful manner.

Individual’s preferences and choices were recorded in people’s care files. People felt their preferences were respected by staff. One care plan stated, “likes coffee, no sugar, fresh juice and water,” another stated, “Likes to get up early.” We heard at the staff handover, that this person asked to get up early and the night staff had supported this person with their wish. Further details included direction for staff on how many staff were required to support a person safely and how often a person should be checked upon. Staff found care plans to be helpful and were able to contribute to any changes that were required as a person’s needs changed.

Visitors told us they could visit at any time and spend time with their family/friends in private. The home had comfortable areas where people could sit if they did not wish to stay in their bedrooms. Visitors were made to feel very welcome and told us they felt they were free to visit at any time.

Care records showed that end of life care had been discussed with people and/or their relative so that a person’s wishes, in the event of their health deteriorating, were made known. This showed staff were aware of what process needed to be followed to ensure that people’s decision’s were respected and therefore their rights were protected.

Is the service responsive?

Our findings

People living at the home did not have easy access to the complaints procedure. A copy of the policy and procedure were kept in the front hall and were not easily available to people who stayed in their rooms. Staff were not clear where they could access this information to support people to raise any concerns they might have. One complaint had been received and responded to appropriately.

Care plans were handwritten for people who required residential care and were in a typed format for people who required nursing care. The registered manager told us this was due to the nurses managing the files for people that required nursing care. The initial handwritten care plans remained unaltered within the file, with reviews completed on a separate sheet. This took the form of a date, a staff members signature and a statement such as "no change" or "updated". The updated care plan was on a further separate sheet. This meant it was not easy for staff to find current information. No-one who lived at the home was aware of the content of their care plan, and had not been involved at reviews. Reviews were carried out monthly, however one person's needs had changed during this period and the care plan did not reflect this change in needs. We were told, "that has happened since we did their review so it wont show on the file." Care staff were aware of this person's change of needs and we checked their needs were being supported. Another file contained a photograph of a persons' pressure area wound. This was not dated and so it was not possible to know when it was taken. Another file contained a topical medicine sheet which was completed by staff when prescribed creams were applied. This record had not been completed since 28 November 2014 . People's care records were not recorded to accurately reflect changes that may have occurred and inform care staff.

This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

In care files we saw a great deal of guidance and advice provided for staff to inform them how to support individuals in line with their wishes and needs. Some of this information was not accurate or current. The files were large and difficult to navigate through to find specific information. One care plan stated the person often became anxious and staff were advised to "take steps to reduce anxiety." However, there were no specific details as to what these steps should be. We spoke with staff about how they dealt with this situation and they each gave different responses, they told us some approaches were effective others were not. This did not ensure the person received a consistent approach from all staff.

Activities were provided and a programme of events was available for people to choose from. Some events listed were hairdressing or chiropody visits and were not meaningful leisure activities . Most people chose to remain in their rooms throughout the day. People told us; "The vicar comes for Communion. I have it in my room as I am the only one," "There is entertainment in the lounge but nothing I am interested in. It is difficult, say to have music for every type [of person]." One person told us; "I saw the sitting room when I was admitted. I don't want to go back there." People told us they did not have any meaningful activity provided to them in their rooms. A relative told us they felt their family member could be visited by staff more frequently and was at risk from being isolated in their room.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The home did provide opportunities for people to access the local community. People were supported to visit the local school to hear the children sing, and another person had been taken for a very successful trip to a football match. This person was still very happy about this outing on the day of the inspection. One member of staff told us; "I sit with people to help them go through their photos. I took a lady to see a school play" and "in her own time helped a lady walk round the garden." Throughout the inspection the TV in the lounge was on, however, people who were sitting in the lounge did not know what was on the TV and were not watching it.

People who wished to move into the home had their needs assessed to ensure the home was able to meet their needs and expectations. The registered manager was knowledgeable about people's individual needs. This information then formed the initial care plan which was extended during the first few weeks at the home.

People did have their views and experiences sought by the home. Meetings were held regularly to discuss the running

Is the service responsive?

of the home. People had been asked about how they would like the lounge to be arranged as the home was having improvements made to the environment. There were no records of these meetings or who had attended.

Is the service well-led?

Our findings

We had concerns about the lack of effective processes to monitor and assess the service provided at the home. We found regular checks and maintenance of some aspects of the premises were not taking place. The registered manager told us the maintenance person was not fulfilling their role appropriately. This had not been identified prior to our inspection and we were told action would be taken to address this oversight. The staff training, supervision and appraisal records were not accurate, or kept up to date, and so could not be effectively monitored by the provider. There was no programme to ensure staff were up to date with such support. Although staff told us the registered manager was supportive and approachable, there were no staff meetings where staff could express their views and experiences. All staff told us they felt stressed and under great pressure and did not feel this was being addressed effectively by the management. Accidents and incidents were not being audited and monitored. Patterns and trends of incidents could not be recognised and addressed to reduce the risk of re-occurrence. However, the provider had noted one person's falls and referred them for a falls assessment. Medicine administration records were not routinely audited and this meant the concerns we identified during the inspection had not been identified by the provider prior to our inspection. Care plan reviews were not always effective and did not accurately reflect people's needs.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider did not have a robust system to help ensure there were sufficient numbers of staff on shift at all times to meet people's needs. Although there were nine staff on duty to meet the needs of 40 people at the time of the inspection, staff were not supported to work effectively at all times and people and staff told us needs were not being met. Most people living at the home spent their time in their rooms. Staff told us they were expected to provide meals and drinks for people at specific times. When they arrived in people's rooms with food and drink, people would often request assistance with personal care. Staff told us they would ask the person to wait due to infection control issues and return to them when they had finished providing the food and drink. This did not provide care that was person centred.

The home had not been receiving emails from the Care Quality Commission due to an IT issue and had not received the Provider Information Return sent to the home prior to this inspection. This provider was unaware of this issue prior to the inspection. The provider had resolved the IT issue and the management had worked with CQC to ensure this method of communication was now effective.

The provider and registered manager told us of their plans for the future of Warwick Park. The provider told us they was keen to address the shortfalls found at this inspection and that they were committed to improving this service. It was clear there was motivation to continually improve the home both physically and culturally and to strive for a more person centred type of care provision. Staff told us the provider had; "made a lot of improvements such as more equipment, getting paid on time, the last two years has improved so much. I believe it will continue to improve" and "I love it here, the manager has been fantastic to me." We were told if any equipment was needed, or anything needed to be repaired, it was responded to immediately by the provider. During the inspection we heard there had been a water leak in a person's room and this had been repaired by the plumber on the same day. However, staff were not all aware of the vision and values that were held by the provider and the registered manager, and a task based culture was noted in the home.

The registered manager told us a recent survey had been carried out with people who lived at the home. One of the issues that arose was that people did not enjoy group activities and they were requesting more activities to be provided to them in their rooms. The registered manager told us it had not been decided how this request was going to be responded to at the time of this inspection. Staff told us it would be impossible for them to provide this support given the existing pressures they were under. Another response from people at the home was that they preferred to have showers to baths. The provider was having a large amount of refurbishment work done at the time of the inspection. Baths were being removed and showers fitted as a response to people's feedback. The home was due to have new carpets fitted in the next few weeks. The registered manager told us, "I am very proud of the way the home is going, we are investing to improve it for residents, when we came I would not have wanted my Mum to live here." In October 2014 people were asked for their views about the food at the service and the responses were in the process of being actioned at the time of this inspection.

Is the service well-led?

Staff told us the registered manager showed good leadership and worked with the staff regularly on shifts. Staff commented; “I really love working here, if there are any problems the manager is more than happy to sort them out” and “We are a good team if we see someone is down the team tried to bring them up.” The registered manager was well thought of by all the staff, but staff were frustrated by the shortage of staff and the time it appeared to be taking to recruit staff. The registered manager told us they were recruiting abroad due to a lack of applicants from the local area. Staff did not feel actively involved in the development of the service.

There were audits carried out to monitor the care plans and care provision, however this did not ensure care plans provided staff with accurate information. Although audits were carried out the regular monitoring of food and fluid charts was not recorded on people’s charts. The policies and procedures at the home had been reviewed and were up to date. Staff were aware of where to record such information if required.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of the service provision.** **The registered person must protect service users, and others, who may be at risk, against the risks of inappropriate or unsafe care and treatment by means of the effective operation of systems designed to identify, assess and manage risks relating to the health, welfare and safety of service users. Regulation 10 (1) (a) (b) (2) (c) (I)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records.** **The registered person must ensure that service users are protected against the risks of unsafe or inappropriate information about them by means of the maintenance of accurate records. Regulation 20 (1) (a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing.** **In order to safeguard the health , safety and welfare of service users, the registered person must take**

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
	appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons, employed for the purposes of carrying on the regulated activity. Regulation 22
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and Welfare. The provider did not take proper steps to ensure that each service user was protected against the risks of receiving care that was inappropriate or unsafe by means of the planning and delivery of care to meet people's needs. Regulation 9 (1) (b)(i) (ii)

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.