

J Lysaght

# Warren Park Nursing 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?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Warren Park Care Home is a residential care home providing personal and nursing care to up to 40 older people, some of whom are living with dementia. There were 40 people living at the home at the time of inspection.

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

Systems in the home to check the quality and safety of the service were not robust or effective. The provider was in breach of regulation at three previous inspections and has demonstrated a failure to make and sustain improvements. After the inspection the provider told us they were looking to recruit an appropriately qualified person to support the registered manager with making improvements in the home.

At this inspection we found that improvements were still needed regarding medication administration as well as reporting and recording with regards to risks to people and their care needs. As these issues were raised at the last inspection report there remains significant concern about poor governance and safety of the service.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Mental capacity assessments had not always been completed, and best interest meetings had not always taken place in order to make ongoing decisions regarding people's care.

Recruitment systems were robust and safe and there were enough staff to support people's needs. People were supported by caring and well-trained staff who treated people as individuals and with dignity and respect. However, people were at risk of not receiving care and support they needed because of poor recording and planning. Feedback from people showed they liked living at Warren Park and they felt safe.

Care plans did not always contain enough information to ensure people received care that was personalised to them and met their needs. However, there was a consistent staff team who knew people well and involved people in making choices about their day to day care. Activities were widely available and tailored to meet people's cultural needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 August 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found not enough improvements had been made and the provider was still in breach of regulations.

## Enforcement

At this inspection we have identified breaches in relation to safe care and treatment, governance and consent.

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

## Why we inspected

This was a planned inspection based on the previous rating.

## Follow up

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Warren Park Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, two medicines inspectors and an assistant inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There had been a change in registered manager since the last inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

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

#### During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care

provided. We spoke with eight members of staff including the registered manager, deputy manager, a nurse and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed medicines processes and sought clarity regarding the electronic medication system. We sought assurances from the provider regarding risks identified at the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to ensure the safe administration and management of people's medicines. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made improvements to the way medicines were managed. However, on-going improvements were needed. The provider was still in breach of regulation 12 with regards to medication management.

- Medicines were not always managed safely. Whilst improved processes meant there was an increased likelihood people received their medicines when they should and medicines were available when needed, there were still some issues with stock balances. We checked the stock for two people against the records and found that one person had incorrect stock balances for two items. We could not be confident people had received their medicine as prescribed.
- Staff did not always have enough information to support people safely with medicines. We looked at care plans for two people prescribed medicines that are considered to have a high risk of harm and found that that the plans did not provide enough information to protect people from harm. Nurses on duty were able to tell us actions they would take to protect people, but they were not recorded to ensure consistency and safety.
- There was a lack of guidance for staff to manage medicines prescribed 'as and when needed' safely.

Medicines were not always managed safely. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to manage risk safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had not made enough improvements. The provider was still in breach of regulation 12 with regard to the management of risk.

- Risks to people's safety were not always well managed. Risk assessments had identified risks to people, however there was insufficient guidance available for staff to follow to support people safely with specific

health conditions such as diabetes.

- Where people had been assessed as at risk of displaying distress, care plans were not always completed to ensure staff knew how to support them safely.
- Risks to people's health were not well recorded. Some people required specific diets to manage health conditions, but information regarding their food and drink choices contradicted guidance from other professionals.
- Accidents and incidents were monitored and reviewed, and action was taken to reduce further occurrences. However, actions put in place to address risks were not always clearly updated in people's care plans.

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

The provider took action after the inspection to ensure risks to people were recorded accurately.

- Risks regarding the environment had improved since last inspection. Internal doors had been fitted with locks where needed and hazardous materials were securely stored.

#### Staffing and recruitment

- There were enough staff on duty to ensure people were supported safely. One person said, "There's enough staff. They respond to my buzzer quickly."
- Recruitment procedures were safe. Pre-employment checks were completed on all staff before they started employment. Staffs previous conduct had been risk assessed if appropriate.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment. Staff had received appropriate training and were clear on the potential signs of abuse and how to raise any concerns they might have.
- People told us that they felt safe and relatives we spoke with told us that they felt their loved ones were safe. Comments included, "I feel safe, it's very good here."
- Records showed that any potential safeguarding allegations had been reported, recorded and investigated by the managers in a timely manner.

#### Preventing and controlling infection

- The environment was visibly clean and free from any unpleasant odours. The provider had furnished parts of the home with new carpets.
- Staff took appropriate measures to reduce the spread of infection.



# Is the service effective?

## Our findings

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

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent had not always been sought from people for some aspects of their care, for example the use of bed rails. The registered manager told us in some cases this was because they lacked the capacity to do so, but no assessments had been completed to evidence this.
- Records showed decisions relating to deprivation of liberty safeguards and the installation of bed rails had been made without due regard to the MCA and people's right to consent.

The provider had failed to ensure people's consent was sought and their rights fully protected in accordance with the MCA. This was a breach of Regulation 11 (Consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's nutritional and hydration needs were not always clearly recorded. There were some people who required a diabetic diet, but their recorded likes and dislikes showed various high sugar food. There was no guidance for staff on whether this was appropriate for them.
- People were at risk of not having their nutritional needs met. Advice and guidance from dietitians and speech and language therapists (SALT) was not always clearly recorded in people's care plans. Staff were able to detail people's needs regarding food and drink, but they were not recorded to ensure consistency and safety.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed before admission to the home, however, these assessments sometimes lacked detail regarding people's medical conditions and the care they required.
- Parts of the home had been redecorated and this has improved the environment for people living at Warren Park.
- The home had lounges available for people to socialise and watch TV. During the inspection we saw people enjoying this space.
- The environment was equipped with aids and adaptations to assist people with their personal care and mobility. There was also good signage around the home to support people to orientate safely.

Staff support: induction, training, skills and experience

- Staff had the required knowledge, skills and experience to undertake their role. One person commented, "Staff are very good at what they do."
- Staff had all completed an induction and shadow shifts at the start of their employment. They were provided with ongoing training and supervision to meet the requirements of their role. Staff were positive about the support available at the home.

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

- People's oral health needs were not adequately recorded in their plan of care. The registered manager told us oral healthcare training had been arranged for staff to better support people with their oral health.
- People were supported to access healthcare services appropriately.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People who were at risk of displaying distress or anxiety did not always have clear plans in place to guide staff on how to support them with their emotions. Staff were able to tell us how they supported people, however this was not recorded for consistency.
- People's end of life wishes were not consistently recorded to ensure their wishes could be acted on.
- Staff respected people's right to privacy. This was reflected in people's feedback. One person said, "Staff respect my privacy. They knock on doors and ask to come into my room."
- Staff treated people with dignity and we observed staff were patient, gentle and respectful.
- People told us that staff encouraged them to be as independent as they could be, and records reflected this.

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

- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. However, these were not clearly reflected in people's care plans.
- People were supported by staff who were kind and caring. People and their families were positive about the approach of the staff team. Comments from people included, "I like it here. The staff are good, like family" and "I like it here very much. I'm happy with staff, they're kind."
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. Interactions showed staff knew people well and had formed trusting and positive relationships with them.

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

- Decisions about people's care were not always made in their best interests. When people lacked capacity, best interest decisions had not always taken place.
- People were involved in day to day choices about their care. We observed staff asking people their wishes throughout the day and respecting their choices.
- People were given opportunities to voice their views and opinions through daily discussions, care reviews, meetings and surveys.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant there was a risk people's needs would not always be met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Staff knew people well including their likes and dislikes and people were generally receiving care that was personalised to them. However, people's care plans did not consistently reflect the personalised care being given. At our last inspection we noted that care plans did not always contain sufficient information about people's preferences for care. The registered manager told us care plans would be reviewed. However, at this inspection care plans still lacked sufficient details regarding people's specific needs.
- Information regarding people's care needs had not always been updated. Although we saw evidence of regular care plan reviews, these did not always identify changes to people's support needs.
- Some care plans contained contradictory information. For example, one person's care plan stated they were independently mobile, but another care plan stated they required support from at least one staff member to mobilise safely.
- The recording of people's end of life wishes varied between care plans. Some people had clearly expressed their wishes, and these had been clearly recorded. Others had little or no information regarding end of life wishes.

We found no evidence that people were not having their needs met, but the provider failed to ensure records regarding people's assessed needs were accurate and well maintained. This is a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.

Improving care quality in response to complaints or concerns

- A complaints system was in place and information about how to complain was made available to people and others.
- A record of complaints was maintained. The records showed complaints were responded to and where needed action was taken to improve the quality of the service.

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

- People were very complimentary about the activities available at the home. We were told there were lots of varied activities available and most were enjoyable. Some activities had been tailored to meet people's cultural needs.

- People were supported to maintain contact with friends and family members. Visitors told us they were able to attend the home freely and always felt warmly welcomed by staff.

#### Meeting people's communication needs

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

- People's communication needs were assessed, and appropriate support detailed in care plans. One person who was unable to speak English as a first language was supported by staff with communication cards written in their preferred language.
- Where people had difficulties with communication, information could be made available in different formats, for example larger print.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

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

At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17. This is the third consecutive time the provider has been in breach of regulation 17.

- Warren Park care home has been rated as requires improvement at two previous inspections and there have been breaches of regulations at the previous three inspections. This demonstrated an on-going failure to make and sustain improvements to the quality of the care provided.
- Systems to check the quality and safety of the service were not effective. There were checks and audits in place, but these had not always identified concerns we found at this inspection. For example concerns regarding mental capacity assessments and risk plans had not been identified.
- Records to document the care people had received were not always well-maintained. People's needs were not always accurately recorded, increasing the risk of them receiving care that was not appropriate or meeting their needs.
- The provider and registered manager had used the previous inspection findings to help improve the service. However, some improvements were recent and these needed to be embedded in the home. Further issues still needed to be addressed. The quality manager told us the provider was looking to appoint an appropriately qualified person to support the registered manager with making improvements in the home.

The provider had failed to effectively monitor and improve the quality of the service provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The culture was welcoming and inclusive of people's diversity. Staff told us they were part of a good team and worked together well.
- The management and staff team had developed positive relationships with the people they supported. People told us they were happy with their care and liked the staff team supporting them. One person said, "I

like them [staff], they are nice and kind. They make people feel welcome."

#### Working in partnership with others

- The registered manager and staff team worked closely with other agencies. We received positive feedback from healthcare professionals regarding the communication with the registered manager and staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers and staff understood their legal responsibility to be open and honest with people. Relatives told us there were good lines of communication following any accidents or incidents, or changes to people's health.
- The provider had systems in place to engage with people, the public and staff. We saw actions had been taken based on this feedback.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	<p>The Mental Capacity Act 2005 was not followed to ensure people's decisions were made in line with their best interests.</p> <p>People's capacity to make decisions was not always assessed in line with MCA 2005.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>Medicines were not always safely managed.</p> <p>Risks to people were not always recorded or well managed.</p>
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	<p>Records detailing people's care and risks were not always completed accurately or well maintained.</p> <p>Systems and processes to monitor the quality and safety of the service were ineffective. There was a failure to make and sustain improvements to the quality of care provided.</p>