

Warwick Park House Limited

Warwick Park Care Home

Inspection report

17 Butt Park Road
Plymouth
Devon
PL5 3NW

Tel: 01752772433
Website: www.warwickpark.co.uk

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection was undertaken on 24 and 25 May 2017. The first day of the inspection was unannounced. Warwick Park Care Home provides nursing and residential care for up to 50 older and younger adults, some of whom are living with dementia or who may have physical or sensory health needs.

On the first two days of the inspection 39 people were living at the service, two people were in hospital. The service also provides assessment and rehabilitation to some people when they are discharged from hospital. This would normally be for a period of up to four weeks and is known as 'Discharge to Assess' (DTA). At the time of the inspection the service had four DTA beds, and three were occupied. The assessment and rehabilitation of people staying in a DTA bed is overseen by a DTA team, which includes external community physiotherapists and occupational therapists.

Accommodation and facilities at Warwick Park Care Home are over two floors, with access to the lower and upper floors via stairs or a passenger lift. There are some shared bathrooms, shower facilities and toilets. Communal areas include two lounges, a dining area, a conservatory, a patio seating area and a garden.

The service had a new registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make sure that significant improvements have been made within this timeframe.

The overall rating for this service is 'Requires improvement'.

At the previous three inspections (December 2014, March 2016 and September 2016) we asked the provider to take action and make improvements. This was because care was not always safe, personalised and consistent; and the systems in place to monitor the quality of the service were ineffective. People were not protected from risks associated with their care. People were also at risk of not receiving their medicines as prescribed. People's records were not completed accurately to reflect care given and people's mental capacity was not always assessed.

At the unannounced comprehensive inspection of this service on 1, 6 and 28 September 2016, continued breaches of legal requirements were found. We rated the service as inadequate overall. In line with our enforcement policy we made the decision to place conditions on the provider's registration. We told the provider they must send us monthly reports to tell us about their progress to address the concerns raised. This condition would remain in place until we are satisfied sufficient improvements have been made. At this inspection we found many improvements had been made but we had on-going concerns related to medicine management, risk management and the governance systems in place.

Medicine management was not always safe. We found the systems in place to check medicines were administered as prescribed had improved but there were still multiple issues. We found one person had not received their prescribed antibiotics and another had not received their medicine due to poor stock control. There were ongoing issues with gaps on medicine charts and we found medicine equipment which had expired. However, recording of creams on body maps had improved, fridge temperatures were being recorded, there were policies relating to medicine management in place and thorough audits identifying issues which were being followed up and action taken. Following the inspection the registered manager sent us information detailing the improvements which had been made to ensure medicine management would be safer.

Risk assessments were in place, completed and reviewed regularly. However, we found changes to risk did not always lead to care plans being updated and staff being aware of changes for example changes to the frequency of weighing when weight loss had been identified. Following the inspection you advised process had been changed to reduce the likelihood of this occurring again. Changes to weight would now be recorded straight into care plans.

People told us they sometimes waited a long time when they called staff for help. We reviewed the call bell audit the service used and found some people had waited significant periods of time for assistance. Dependency tools were used on a daily basis to guide staffing levels. This information was being used by the service to inform staffing levels at peak times of day and recruitment was in progress.

People were cared for by staff who had undergone further training and education regarding safeguarding, what constitutes abuse and they knew how to report their concerns. Staff underwent thorough recruitment checks, an induction and further training to meet people's needs. Staff were supported by the management team and had one to one meetings with their manager. Individual issues were addressed in staff supervision. Staff meetings were held and staff were encouraged to share good ideas. Staff were rewarded and nominated by others within the service for good practice.

People's human rights were protected because staff had a better understanding of the Mental Capacity Act (MCA) 2005. People were asked for their consent prior to care being given and when people were unable to consent the service involved health and social care professionals and others in making decisions about their care.

People were supported to access relevant healthcare professionals where there were concerns relating to their physical or emotional well-being.

Communication systems within the service had improved. Handover processes were more robust and staff were reading people's care plans.

People were enjoying the food at the service. The new chef was developing menus following discussion with people about their likes and dislikes. The kitchen staff had a list of people who required a special diet.

At the last inspection we found the care people received was variable. At this inspection people were more positive about their care and the kindness they were shown by staff. Care plans had more detail to guide staff delivering care and were improving. Staff were continuing to gather information about people's backgrounds and histories so care could be more person-centred. As the staff team became more stable plans were in progress for keyworkers to be allocated to people. Families felt more involved in discussions and changes occurring within the service.

People told us staff were kind, respected their privacy and dignity and listened to them. People's special occasions were celebrated.

The service had plans to improve activities for people and ensure people were sufficiently engaged and stimulated if they wished. Whilst some people enjoyed their own company and privacy in their rooms, others told us they enjoyed the musical activities. We saw people enjoying the garden and the events that were being planned, which included a summer fete.

A new registered manager had been appointed since the previous inspection in September 2016. They and the staff team at Warwick Park were committed to addressing the detailed action plan in place. Many changes had been made to the systems in place for monitoring the quality of care. These were still being tried, changed when necessary and embedded into new ways of working. For example, audits were completed frequently and areas identified for improvement were being actioned through further staff training, supervision and new processes.

All people, relatives and staff told us they had confidence in the leadership team and their ability to make the required changes whilst keeping staff motivated and engaged. Families were more involved in suggested changes and staff were encouraged to raise their ideas for improvement.

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 consistently safe.

We found that action had been taken to improve aspects of safety.

People's medicines were not always managed safely.

People were not always protected from the risks associated with their care and health conditions.

People were protected from abuse as the correct procedures for safeguarding reporting were followed.

Staffing levels met people's needs and safe recruitment practices were followed. Reviews of staffing levels were being undertaken.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People's human and legal rights were protected because staff followed the Mental Capacity Act (2005).

People received effective care from staff who received an induction, good training, supervision and support.

People were positive about the food and the new chef.

Requires Improvement ●

Is the service caring?

People's feedback was positive and people felt well cared for.

People and relatives were more involved in care planning and care decisions.

People's privacy and dignity was respected.

People were encouraged to maintain their independence where possible.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care plans had improved but some people's care records still lacked the guidance and direction staff might require to meet people's care needs.

Activities at the home were improving. People were enjoying the garden and a fete was being planned.

People knew who to talk to if they had a complaint. There was a process for investigating complaints.

Is the service well-led?

The service was not always well-led.

The service had a history of not meeting regulations.

The provider's governance framework was not clear. Systems in place to monitor the quality of people's care were not always effective. Systems were being developed and constantly reviewed to enhance care, but these required close monitoring.

The new registered manager's leadership skills had improved aspects of the service.

There was a new registered manager in post who was respected by people and staff.

The registered manager was receptive to inspection feedback and to working collaboratively with external agencies to improve people's care and the quality 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 Health 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.

At the last inspection on the 1, 6 and 28 September 2016, the service was rated as 'inadequate' overall, and was placed in 'Special Measures'. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

We undertook a comprehensive inspection of Warwick Park Care Home on 24 and 25 May 2017. The first day of the inspection was unannounced. This inspection was completed to check improvements to meet the legal requirements after our comprehensive inspection on 1, 6 and 28 September 2016.

The inspection team consisted of one adult social care inspector, a specialist nurse advisor of older people's care, two pharmacy inspectors, and an expert by experience – this is a person who has experience of using or caring for someone who uses this type of service.

Prior to the inspection we reviewed the information held by us about the service. This included notifications we had received. Notifications are reports on specific events registered people are required to tell us about by law. Before the inspection we also sought feedback from professionals involved with the service. This included health and social care professionals from the local authority.

During the inspection we spoke with 16 people who lived at the service and five relatives. We asked them their views about the service and their care. We looked at the care of 11 people in detail to check they were receiving their care as planned. We spoke with them or their relatives where this was possible.

We spoke to staff involved in the administration of medicines and observed medicine administration. We spoke and met with ten staff during the inspection period. We observed how staff looked after people in the lounges and observed lunch. We also spoke with four visiting professionals during the inspection about people's care.

We spoke with the registered manager, head of care and the director about improvements made since the previous inspection. We reviewed the records the provider kept to monitor the quality of the service, audits, training records, supervision records and maintenance records.

Is the service safe?

Our findings

At the last inspection in September 2016 we found people were not always kept safe. Risk assessments did not always reflect people's needs, medicine management was not safe and the correct procedures for reporting safeguarding were not followed. The provider sent us a detailed action plan to be completed by the end of June 2017.

At this inspection we found improvements had been made in relation to staffs' understanding of safeguarding and the reporting procedures. Improvements had also been made to risk assessments. However, in a few cases, we found care plans were not updated to reflect risks identified and to guide staff delivering care. We also found the processes to communicate changes so people received safe care were not yet robust. Further improvements were also required to the management of medicines.

At the previous inspection in September 2016, medicine management was not safe. Records kept relating to the recording of medicine given, had many gaps which meant we were unable to tell whether people had received all of their prescribed medicine. We also found people's antibiotic records did not match their prescriptions and had not always been given. In addition, some people had medicine prescribed which was not on their medicine records and people's skin cream records needed improvement. We also found care plans relating to medicine were poor and did not give staff guidance on when to administer additional medicines they were prescribed, for example for pain relief. The provider's action plan detailed the improvements they planned to make to medicines and we found progress had been made and was ongoing.

At this inspection we found regular audits and policies reflected medicine administration processes. The audits were identifying the issues with medicine management we found at the inspection and action was being taken to address areas of identified concern with further staff training, staff supervision and close monitoring by the registered manager.

Medicine administration records (MARs) now reflected people's prescriptions but we still found many gaps where staff had not signed to indicate people had received their medicines. This is a process staff are required to do when medicines are administered to indicate they have been taken by people. Antibiotic records were clearer but one person we checked had not received their antibiotics as prescribed. This meant they would not have received the full course of treatment for their infection. The service's audit hadn't identified this as they were done at the end of each month.

Stock control had improved but we found one person had missed two days of their medicine as there had been communication issues between the service and dispenser. We also found some medicine stock, for example water used for injections and urine testing strips to be past their expiry date. This meant urine testing results could have been inaccurate. The service had made good progress with completing body maps to guide staff where to apply skin creams and external medicines but this required further improvement as not all people had body maps in place reflecting their skin cream prescriptions.

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

Medicines were safely stored in locked cupboards, medicine trolleys or in the medicine fridge. At our last inspection information about people's medicine allergies was not recorded on the MAR charts, during this inspection we found that this information was always recorded on the MAR.

There were suitable arrangements for storing medicines which required extra security. Regular checks had been made for these medicines and they had not identified any issues. Following the inspection the registered manager told us changes had been made. They advised "We are now checking each of the antibiotic registers at least once per day to look for any signs of poor administration control; the manager checks the MAR charts twice per day for gaps and addresses these with the staff concerned; those administering medication all have to sign at the end of each round that they have double-checked themselves; staff ordering medication have been reminded that if they are sending a fax request to a GP that they need to advise the chemist to look out for the prescription if it is an order that is not part of the monthly medicine; a stock report of any medications that are out of stock or in danger of going out of stock is prepared each day by the Head of Care who also checks that the necessary actions to remedy this are done and that these issues are escalated as necessary". In addition we were told of changes to the skin cream charts so they were more detailed.

At the last inspection in September 2016, we found risk assessments were in place which addressed people's risks of falls, malnutrition and risk damage. However, we found these were not always completed and reviewed accurately. For example, staff had not followed the scoring system of the risk assessment tools to achieve the correct level of risk which meant they may not be receiving the correct level of care.

At this inspection we found where there had been changes to people's risk, for example if people had lost weight, the new systems in place to change the care people received were not always working well. Six people we reviewed had lost weight. Instructions to move people from monthly to weekly weighing were detailed on the daily handover sheet, but care plans had not been updated to reflect this change. When we looked at the weight book, weekly weights had not taken place. It was unclear who was responsible for checking these had been completed. This could put people who needed their weight monitored closely at risk, for example those who were a low weight. Following the inspection, the registered manager informed us the system for monitoring people's weights in the service had changed. Staff were allocated to people and would now be responsible for ensuring their care needs were met and recorded in their care plan. The additional weight book would no longer be in use.

One relative also told us their mother had lost weight (they were not underweight) and was not having enough to eat and drink. We reviewed their food and fluid intake charts but some were illegible and many did not accurately record the amount of fluid consumed. We were told by the registered manager fluid intake was totalled by the night staff and added to the handover sheet.

Two care plans we looked at relating to diabetes lacked sufficient information to guide staff on what action to take if the person's blood sugar was outside of the usual range. Another person we met was on oxygen and was having their blood oxygen levels monitored regularly. These were outside of the usual range but the care plan gave no guidance for staff on what to do and no action had been taken by staff when the readings were low. This meant people were at risk of not receiving the care they needed. We spoke to the registered manager about these issues who took action and spoke to the person's doctor.

Care and treatment was not always provided in a safe way for people. People's risks were not always assessed and mitigated. This is a breach of Regulation 12 of the Health and Social Care Act (Regulated

Activities) Regulations 2014.

Monthly audits were undertaken to ensure risk assessments for skin care, weight, falls and other aspects of care were in date. This monitoring helped keep people safe. Nutritional risk assessments were in place to identify people at risk and care plans indicated where people required their food and fluid intake to be monitored. In most cases we looked at, we found care plans; risk assessments and people's care had improved.

One person's relative told us there were occasions when their relative had to wait to receive the help and support they needed from staff. We reviewed the call bell audit for 22 May 2017 to the morning of 24 May 2017. This audit detailed call bell times which had been in excess of five minutes. 73 calls had been over five minutes; six people had had to wait between 22 minutes and over 48 minutes for assistance during this period. We spoke to the registered manager about this who advised the call bell audit information was being used to ensure the correct levels of staff were available for people when they most needed help. They advised an analysis of recent months had led to an advert being placed for additional staff in the evening. The information we reviewed also indicated some people had waited a long time for assistance in the morning. During the inspection people were supported in a timely way.

In addition to this action, the head of care completed a daily dependency tool which was completed to ensure there were sufficient staff to meet people's needs safely. Recruitment was on-going. Staff were recruited safely and underwent the required checks to ensure they were safe to work with vulnerable adults.

At the last inspection we found the processes in place to identify and report allegations of abuse of service users was not robust. The provider took action to ensure all staff received refresher training in safeguarding and understood their responsibilities and the reporting procedures. The head of care regularly spoke to people to ensure they felt safe and were not worried about anything. Information about safeguarding was visible throughout the service. In addition, discussions about safety were held at handover and information about safeguarding people from harm was on the interactive staff noticeboard. All the people we spoke with told us they felt safe at the home and felt confident talking to staff if they were worried about anything. One person commented, "The girls are excellent, safe! Yes of course, I wouldn't want to go anywhere else". Staff told us they could identify areas of concern, knew the types of possible abuse and knew who to notify.

At the last inspection we noted there was clutter in some of the communal areas including bathrooms being used for storage. This was much improved during this visit and two of the vacant bedrooms were now being used to store excess equipment.

Is the service effective?

Our findings

At the last inspection in September 2016, we found people's mental capacity was not always being assessed in relation to care and treatment decisions which meant care may not be given in line with people's wishes. An action plan was submitted by the provider which detailed how the service would meet the legal requirements. They told us this would be completed by the end May 2017.

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

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in the Mental Capacity Act 2005 and we observed consent was always obtained prior to care being given.

Mental capacity assessments had been completed on every aspect of care rather than assessments being made which were decision and time specific. Care records were confusing, for example, one person had been assessed as not having capacity to consent to a lap belt and bed safety rails however, other information in their care records said that they did have capacity and they liked and had consented to safety rails on their bed. A colour coded traffic light system had also been put in place so staff knew people's capacity. We spoke to the provider about reviewing this so it was not assumed a person did not have capacity to be involved in any decision about their care and treatment. Following the inspection, the registered manager sent us an example of how they would be incorporating the principles of the mental capacity into future care plans.

Where people had been assessed as not having capacity for certain decisions, health and social care professionals were involved in care decisions as appropriate. These processes ensured care decisions were made in people's best interest and the legislative framework in place to protect people's human rights.

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). The registered manager had applied for DoLS on behalf of all people who might require one.

The registered manager advised that with a more permanent staff group now in place a Mental Capacity Act Champion would be nominated to lead on this area of care. The purpose of this role was to have a staff member with extended knowledge in this area to be a source of information for the whole team.

Staff told us handovers were better and communication about people's needs in relation to their capacity

was clearer. An updated, daily handover sheet provided staff with essential information about people. Staff were encouraged to read and sign people's care plans. Most staff we spoke with knew people well. When people's health needs changed, referrals were made quickly to external agencies or people's GP's were contacted for advice. Health professionals we spoke with told us they had more confidence in certain staff but on the whole felt directions and advice given were followed. Following the inspection, due to the inspection findings, the daily handover sheet was changed to delegate required actions to particular staff.

At the previous inspection in September 2016 we had concerns people's risk of poor nutrition was not always accurately assessed or followed up. The provider sent us an action plan advising of the improvements they would make in this area by end June 2017. We saw progress had been made and was continuing. Nutritional screening tools were in place to assess people's risk of malnutrition. Food and fluid monitoring charts recorded people's intake and output when there were concerns, but these required greater detail in some cases, particularly where people required a specific amount of fluid for health reasons for example if they were at risk of recurrent urine infections or diuretic medicine (medicine which causes increased passing of urine).

Some people were at risk of poor nutrition. This had been identified on assessment tools completed by the service. Those at risk of swallowing difficulties had been referred to dieticians and the speech and language team for advice. The new chef had a list of those who required special diets and we saw people who required support to eat well being assisted by staff over lunch. Care plans were clear where people were at had particular dietary needs, were at risk of choking, and contained more detail about people's food preferences. The new chef told us, "The head of care comes to tell me about people's special diets. I know who requires a pureed or soft diet, who is diabetic, who doesn't like mushrooms and who loves fruit!"

People we spoke with told us they enjoyed the food, "I have all my meals cooked here and like the food"; "I have a good appetite and get second portions at meals"; "The food is good"; "I had a lovely fried breakfast this morning, the food fills my tummy."

At the previous inspection in September 2016 we had concerns about the environment. The provider sent us an action plan advising the improvements they planned to make to the service by the end of June 2017. A new nurse's office had been created, a café style dining area in the "blue" lounge, and we saw quiet areas had been arranged for people to relax in. Plans were in place for a reminiscence lounge with families being asked to bring in memorabilia to facilitate the furnishing.

At the previous inspection in September 2016, we were concerned about the quality of support and supervision to staff. We saw this had improved immensely and saw evidence that any issues were followed up promptly with staff during one to one meetings.

New members of staff completed an induction programme, which included being taken through all of the home's procedures, and training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Staff told us this gave them confidence and helped enable them to follow best practice and effectively meet people's needs. New staff completed the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and to deliver high quality care.

Ongoing training was planned to support staffs' continued learning and was updated when required. Supervision processes were embedded to discuss staff performance and embed the changes within the service. Staff found these processes supportive. Staff were in the process of completing training to enhance their knowledge in certain areas and become "Champions" within the service, for example health and well-

being champions were currently being introduced.

Is the service caring?

Our findings

At the previous inspection in September 2016, we found people were not always respected and involved in their care, treated with kindness and people's privacy and dignity were not always supported. Additionally we found care records were poor, end of life care was not planned and people were not involved in their care planning. The provider sent us an action plan following the last inspection detailing the many changes they intended to make to all aspects of people's care. During this inspection we saw these were in progress but not fully completed.

People's and relatives feedback was positive about the staff that cared for them. People told us, "I'm waited on!"; "The home is pretty good and the staff are very good"; "The staff are really lovely, nice attitude towards mum." The registered manager told us, "It's the best team I've worked with for many years, the carers really do care."

People told us their privacy and dignity was respected. Staff told us they always knocked on people's doors, ensured curtains were closed when providing personal care, and people were covered to protect their dignity.

People were treated with kindness and compassion in their day-to-day care. Staff told us they treated people as if they were their own family. A ten minute "downtime" had been introduced where staff stopped what they were doing and spent time sitting and talking to people. One staff member told us, "We go and find a resident to talk to, it's really rewarding." Another shared, "There are a lot of caring carers here".

Staff told us that people were encouraged to be as independent as possible. Staff told us they did this by supporting people to manage their own personal care, for example by passing flannels and assisting only in the areas they were unable to reach. Other people liked to help with some of the domestic duties at the service, for example laying the table. These small things helped people to feel valued and maintain their independence. A kitchenette was being considered to support reablement, particularly for those only staying a short time at Warwick Park Care Home and then returning home.

Most staff knew the people they cared for. They were able to tell us about individuals likes and dislikes, which matched what people, told us and what was recorded in individuals care records. Staff knew who liked their hair styled, who liked to wear makeup and those who liked their nails done. One staff member told us, "I would treat residents like I would my grandparents. Caring is when staff spend time with people, don't rush personal care and talk to residents."

People told us, staff listened to them and took appropriate action to respect their wishes. Some people's bedrooms were personalised and decorated to their taste. People showed us their special photos and belongings which made them feel at home. Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. They knew which staff responded better with certain people and who liked gender specific staff for personal care. Information about advocacy services and leaflets on other health and social care matters were available to people.

Friends and relatives were able to visit without unnecessary restriction. Visitors told us they were always made to feel welcome and could visit at any time. Family and relatives were being involved in the improvements made at the service. We observed families being given information and explanations promptly about their loved ones care, by staff.

Special occasions were celebrated, for example birthday cakes were made for each person on their particular day and we were told all staff would go into their room and sing happy birthday. People's cultural needs were met and people were supported to go to church if they wished.

Is the service responsive?

Our findings

At the previous inspection in September 2016, we found the recording of people's care was not always personalised or consistent across all records. Care records had significant gaps and staff were not always able to tell us about the care people needed or how they preferred care given. Care records were disorganised and information not recorded. We also had concerns about the lack of activities and stimulation for people. The action plan the provider sent us following the September 2016 inspection, detailed the action which would be taken by the end of June 2017. We found that a great deal of improvement had occurred, but these were not fully completed.

Care plans and people's records were more detailed and thorough. However, they were not consistent and some people's care plans required further detail to guide staff. For example one person's care record stated they found aspects of personal care painful but gave no more detail to enable staff to deliver care without causing pain. Monthly care plan audits were in place and we spoke with the registered manager and head of care about the lack of detail we found regarding some people's care. They told us they would update the auditing processes to reflect the content and quality of care records and not just the dates of review.

People's needs were assessed prior to coming to live at Warwick Park Care Home. Where possible people, and those who mattered to the person, and health professionals were involved in identifying their needs prior to admission. New people were encouraged to visit the service to ensure it was the right place for them. They also sought as much information of people's needs to ensure staff were able to respond to people's needs.

Staff were being encouraged and given time to read people's care plans. Staff were asked to sign to indicate they had read and understood people's care needs and how they preferred their care to be delivered. Long standing senior staff members knew people well but some staff hadn't yet read people's care plans and were unable to tell us how to meet people's individual needs.

There was greater personalised information so staff knew what people liked and disliked. For example we read about one person who liked to get up early, liked their feet tickled and who disliked fuss. We read another person liked their door closed and when we checked, it was closed. Staff shared with us those who liked to sit, chat and have their nails done and about one new admission to the service who loved drawing. This matched people's care records.

The service was developing the activities on offer to ensure people were more stimulated. Some people told us they didn't want to engage in the activities and were happy in their rooms watching the television. We saw others enjoying the sun terrace and talking with their friends. Staff told us they were seeking people's thoughts on what could be offered for example one person was keen to grow some fruit and vegetables. The service was thinking of having a sunflower competition to encourage those who were keen on gardening. Fundraising was planned for garden furniture and to purchase a large garden drafts board. An afternoon tea event with a cake stall and raffle was being organised and a summer fete.

People told us they felt comfortable speaking to the registered manager and any of the staff about any

complaints they may have. The service had a complaints policy in place. The registered manager was available and talked to people about their care frequently enabling concerns to be picked up and resolved promptly. We reviewed the complaints which had been received since the previous inspection and all were thoroughly investigated and the complainant given feedback.

Is the service well-led?

Our findings

At the last inspection in September 2016, we found the quality monitoring systems were not effective in identifying areas that required improvement. Following the last inspection, the provider sent us an action plan detailing the improvements that would be made by the end of June 2017. We also told the provider they must send CQC a monthly report to tell us about their progress in addressing these concerns and improving the quality and safety of services provided to people. The overall action plan was considerable. Although we found progress had been made to all areas of care, not all action was complete, new systems were being tested and care was not consistently good in all areas.

At this inspection we found repeated concerns about care being provided safely and the governance systems identifying the issues within the service.

We reviewed the auditing systems in place during this inspection. There were monthly audits of all aspects of care including accidents, falls, infection control, risk assessments, care plans and medicine audits. These were delegated to key staff and actions fed back into an overall action plan. We were able to see when audits had identified some issues and had been followed up with staff or processes reviewed to improve care. Some audits needed further improvement, for example the care plan audit, to reflect the issues we found at this inspection. The systems in place had improved but some were not working consistently well to identify all risks, for example the system in place to ensure people were weighed according to their individual needs. The quality assurance systems were still developing and time was required to demonstrate sustainability.

Systems and processes must be established and operating effectively to ensure good governance. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager told us the system to monitor weights had been changed and now people had one member of staff to monitor their clinical care and undertake weight monitoring where required. In addition, following the inspection feedback, the registered manager told us, "We have increased the expectation regarding the detail expected in a care plan so that there will be clear guidelines of 'what to do if ...' scenarios; I have met with the Senior Team to explain the above and we have worked through the first care plan (X) as a group and are in the process of putting the new guidelines in place so that there is a 'model' to follow; We have increased the lines of accountability for regular tasks required and ensure that we name staff against task on the 'actions agreed at handover' paperwork. We are in the process of simplifying the handover process so that we reduce the risk of there being conflicting information about what needs to happen (e.g. one document says that someone needs to be weighed weekly and another says monthly). The above measures have improved some of the audit tools and should give us better information to use as we are bedding in the new governance systems. We are developing a weekly report to go from the service to the provider so that they can base future visits and supervision around any issues arising. We are developing a checklist that the provider can use when they visit to 'sample' the audits, bell reports, care plans, risk assessments, medication paperwork etc during their visits".

The provider and registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at Warwick Park Care Home. The provider was a partnership of two people. One of the providers was from a nursing background and the other a business background. They shared visiting every fortnight and spent one or two days at the service. They took responsibility for policy updates, health and safety and environment requirements, clinical supervision, training and the business costs. They provided advice as and when needed to the registered manager and were also available to cover shortfalls in trained nurse cover if required. The registered manager told us during their last visit competency tools had been discussed. The registered manager informed us audits undertaken by them were scrutinised by the provider and actions discussed however, this had failed to identify the breaches at this inspection. The previous four inspections have had breaches of Regulation 12 and Regulation 17.

Both the registered manager and head of care worked alongside staff when required and were visible and available for support and advice. They had felt very supported by staff and also the local authority team who had offered advice where needed. The registered manager told us, "It's been six months of non-stop change, the challenge has been keeping the momentum going – things have not always worked first time and have needed reviewing. We now have a shared vision of what we want to achieve – to be the best at what we deliver and consider people's needs as individuals."

The management structure in the service provided clear lines of responsibility and accountability. A new registered manager was in post that had overall responsibility for the service and knew people and staff well. They were supported by other senior staff that had designated management responsibilities including a head of care and a clinical lead. People told us they knew who to speak to in the service and had confidence in the management and staff team. Staff commented, "The registered manager has been open, honest and professional"; "All very professional"; "It's nice to have a manager who knows their job." Everyone told us they had confidence in the new registered manager and their ability to, "Turn the service around".

People, visitors and staff all described the management of the home to be approachable, open and supportive. People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately.

Staff told us they felt empowered to have a voice and share their opinions and ideas they had. Staff meetings were regularly held to provide a forum for open communication. Another said, "The team have put their heart and soul into making changes, cannot fault the motivation, it's been a non-stop rallying process and we've done the best we can with the resources we have."

The registered manager wanted staff to be encouraged and challenge ways of working to find ways to enhance the service they provided. This was being developed through the "Champion" roles and staff were being motivated through initiatives such as the "WoW" initiative where a staff member was nominated each month for being exceptional in some aspect of care. Staff were involved in discussions for example, "A policy of the month" helped keep staff up to date as policies were being reviewed and updated.

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

People benefited from staff that understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected.

People's, relatives, professional and staff feedback was valued. New questionnaires had been developed and were due to be sent out after the inspection. The registered manager and provider and staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People and their relatives included them in discussions about their care and the running of the service. Meetings were held with people and their relatives and people were also invited to staff meetings to discuss developments within the service. At the entrance of the service people were encouraged to add any ideas or suggestions.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of 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. Information related to the duty of candour was visible for staff and people who might be interested at the entrance of the service.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (1) (2) (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
	Care and treatment was not always provided in a safe way. The management of medicines was not always proper and safe.

The enforcement action we took:

We issued positive conditions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Good Governance
Treatment of disease, disorder or injury	Regulation 17 (1) (2) (a) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
	Systems and processes must be established and operating effectively to ensure good governance and assess monitor and improve the quality and safety of the services provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We issued positive conditions