

# Tamaris Healthcare (England) Limited

## Warrior Park Care Home

### Inspection report

Queen Street  
Seaton Carew  
Hartlepool  
Cleveland  
TS25 1EZ

Tel: 01429234705  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

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11 September 2018

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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 inspection took place on 5 September 2018 and was unannounced. A second day of inspection took place on 11 September 2018 which was announced.

Warrior 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.

Warrior Park is registered to accommodate 52 people in one adapted building across two floors. At the time of the inspection 46 people were resident. The first floor specialises in providing care to people living with a dementia who may, at times, be anxious and distressed. The service provided nursing care to people on both floors of the home.

When we completed our previous comprehensive inspection in April 2016 the service was rated good. At this inspection we found the service was no longer meeting all the required standards to retain this rating.

This is the first time the service has been rated Requires Improvement.

There had been a registered manager in post but they had resigned the day before we started the inspection. 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. In the absence of the registered manager the provider's Resident Experience team were providing management support.

There was insufficient management support in place and staff morale was low. The service had experienced four different managers in less than two years and this lack of stability meant staff and relatives felt unsupported. Audits and quality checks were not identifying the concerns we found during the inspection.

We found records relating to people's safety such as falls had not always been recorded meaning measures may not always be in place to keep people safe.

We looked at the systems in place for medicines management and found they did not always keep people safe.

Some staff were not aware of the fire drill procedure relating to evacuating people from the rear of the building. We found some environmental risks such as loose radiator covers and trip hazards on our first visit. These had been repaired and flooring was being reviewed by the second day of our inspection.

Staff members and relatives we spoke with told us there was not enough staff. Although basic care needs

were met staff appeared rushed. We discussed with the regional management team who stated they would review the staffing levels and deployment of staff as some feedback from relatives included staff going for breaks together which is not good practice.

There were limited activities taking place. People were left sitting in lounge areas or in their bedrooms with no stimulation for most of the day. We saw staff would sing with people but this was not an activity tailored to individual needs.

Staff had completed all training the provider had identified as essential and although supervisions had lapsed from August 2018. The regional manager had put a plan in place to address this.

The environment had some adaptations and design to ensure people living with dementia were supported. Practice around mealtimes to ensure people had meaningful choice and were supported appropriately could be improved.

We saw complaints were investigated in line with the provider's complaint's policy.

Checks were carried out around the service to ensure the premises and equipment were safe to use but these did not pick up issues we found on the day of our visit

Safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Staff had knowledge of safeguarding and were aware of the action to take if they had concerns.

Appropriate authorisation was requested to ensure people were protected against unlawful deprivation of liberty and staff supported people in the least restrictive way possible.

We saw evidence in care plans to show the service worked with external healthcare professionals to maintain people's health.

During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Safe Care and Treatment and Good Governance. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Medicines were not always managed safely for people and records had not been completed correctly.

We found loose radiator covers and some lifting flooring at thresholds that may present a trip hazard. We also found that not all staff were aware of the fire evacuation code to access the rear of the building. These may present a risk to maintaining people's safety.

All relatives we spoke with felt that there were not enough staff to ensure people's needs were met. We made a recommendation the provider reviews the staffing levels and deployment of staff throughout the home.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The mealtime experience for some people was poor.

Staff supervision and training was planned.

Assessments relating to the Mental Capacity Act were in place and up to date.

### Is the service caring?

**Good** ●

The service was caring.

Staff showed kindness and respect towards people.

People's preferences and life histories were known and recorded.

People were supported to practice their religious preferences.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

Person centred activities were not always provided.

There was a complaints procedure in place and the service responded to these according to their policy.

Daily records could be improved to ensure people's well-being was recorded not just tasks completed by staff.

**Is the service well-led?**

The service was not consistently well-led.

There had been multiple registered managers in post over the last two years and this had led to the staff team feeling unsupported.

The quality assurance systems had not been effective in identifying the areas for improvement found during the inspection.

Staff, relatives and some people stated they did not always feel listened to.

**Requires Improvement** 

# Warrior 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.

We visited the service unannounced on 5 September 2018 and returned to the service announced on 11 September 2018.

The inspection was carried out by one adult social care inspector, a pharmacist inspector and an assistant inspector.

Before the inspection we reviewed other information, we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are reports about changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We contacted the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG).

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with ten people who used the service and ten relatives. We met with the regional manager, three members of the provider's Resident Experience team, two senior care staff, two housekeeping staff and three care staff. We also spoke with one healthcare professional who was visiting the service.

We looked at six people's care records and records relating to the management of the service including the recruitment records of four staff members. The pharmacist inspector looked at the medicine records of ten people at the home.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service required improvement to be safe.

People and relatives gave us mixed views about being safe. Comments included, "I feel safe but I don't feel happy" and "I get well looked after with me bed sore." Relatives we spoke with told us, "I feel like a member of staff, I have had to intervene as staff left a tea urn unattended and someone could have been hurt." Another relative told us, "We feel concerned about where things are going."

On the first day of our visit, we looked at the medicine administration records (MARs) for ten people across the home.

We found records relating to medicines were not completed correctly placing people at risk of medication errors. When we checked a sample of medicines alongside the records, we found that they did not match. In addition, the records made of stock carried forward from a previous supply was not accurately recorded. This is necessary so accurate records of medication are available and care workers can monitor when further medicines would need to be ordered. Five medicines for three people were not available, this means that appropriate arrangements for ordering and obtaining people's prescribed medicines was failing, which increases the risk of harm.

We could not be sure people's creams and ointments were used as prescribed. Where care staff applied creams as part of personal care the guidance on the frequency of application or where to apply was incomplete. Some records of application were not fully completed and some creams had not been applied at the frequency prescribed.

For one person who had recently been discharged from hospital, the discharge note detailed some medication changes. Both discharge medicines and a pharmacy supplied pack of medicine contained the old dose was available in the home. One medicine had been given at an incorrect dose on the morning of our visit from the pharmacy pack.

For medicines that staff administered as a patch, a system was in place for recording the site of application; however, for two people the application site was not always documented. This is necessary so patches are rotated in line with the manufacturer's guidance to prevent side effects.

We found guidance to inform staff about medicines prescribed to be given only when needed, was not always available or was not person centred. In addition, we found staff did not always record the reasons for administration or the outcome after giving the medicine, so it was not possible to tell whether medicines had had the desired effect.

Medicines kept at the home were stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medication. This included daily checks on the temperature of the rooms and refrigerators

where medicines were stored. However, the home could not confirm that two bottles of eye drops, which have a short shelf life once opened were safe to use because they were not marked with the date of opening. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered.

These findings evidenced a breach of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014 (Part 3).

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe.

On the second day of our visit, we were given the assurance that all the issues around medicines we found on day one had been addressed or were in the process of being concluded. We found that an audit completed recently had identified some of the same issues.

All staff members and relatives we spoke with raised concerns about staffing, whether in terms of levels, leadership and consistency. Comments from relatives included, "It feels not enough staff. We feel concerned about where things are going. We are worried that staff are leaving." And, "There has been a big decline in the last five months, the staffing levels are ridiculous."

Staff we spoke with said, "Every issue we have is about not enough staff, like documentation, we have to rush from one job to the next so it's not completed fully or properly," and "I do think sometimes we could do with an extra pair of hands."

One person we spoke with said, "Some of the staff are leaving, I don't like the way things have gone."

One the days of our visit there was two nurses and eight care staff across both floors for 46 people along with ancillary staff and one activity staff member. The morning period was busy but we did see staff spending time sitting with people and singing and dancing with them.

A dependency tool was used to calculate the level of staffing needed and rotas reflected the required level of staffing the tool stipulated. We asked the regional management team to urgently review staffing levels and deployment. The acting manager told us, "We need to look at skill mix across the home and ensure we have the right staff in the right areas to work with people and to support less experienced staff. We have meetings set up with all the staff team to discuss this in the next week."

We recommend that the provider reviews staffing levels and deployment within Warrior Park.

The quality of records relating to risk assessments and care records was variable. We found in one person's daily care records they had sustained a fall but this had not been recorded on the provider's DATIX incident and accident recording system. This person was at risk of falls and skin tears and this lack of oversight in recording may mean measures are not in place to meet their level of risk.

Personal emergency evacuation plans were in place and records showed regular fire drills had recently completed with staff. However, one care staff member we spoke with was not aware of the combination code to open the gate from the rear garden to the fire safety area at the front of the building. We saw the local authority had raised concerns about fire drills and training for staff when they visited the service in June 2018, although an action plan stated



We found that some radiator guards on the first floor of home in toilets and bathrooms were completely unattached and would come off in your hand. We found several bedroom doors had very large gaps at the bottom which may not be correct with fire regulation and some carpet thresholds were lifting which may present a trip hazard. On our second day we saw that these issues had been addressed or were awaiting contractors to visit.

Necessary checks of bed rails and window restrictors were completed by the maintenance person in addition to contractors servicing of equipment. A landlord's gas safety certificate and electrical installation condition report were in place. Audits of the environment had been carried out by the registered manager but the issues we found had not been identified or addressed.

Housekeeping staff were seen cleaning communal and toileting areas during both our visits and staff were observed using personal protective equipment as necessary to prevent cross contamination. There were some damages observed in bathrooms, such as a cracked toilet bowl, which needed to be repaired to improve infection control and had not been addressed through environmental audits.

There was no evidence that people had come to any harm due to the recording concerns and as such they are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance.

Safeguarding concerns were logged and alerted to the appropriate authorities. Staff we spoke with knew how to report concerns and one relative we spoke with said, "We have raised a safeguarding about after infection, issue with regards pad changed. They are better now."

Safe recruitment practices were in place.

## Is the service effective?

### Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service required improvement to be effective.

People's opinions varied on the standard and quality of food, they told us, "The food is very good, I get a choice you know, the menu is very good. My favourite is the poached egg on toast, they do a good egg," however also that, "Food is not very nice. They only have a weekly menu, there's a choice each day but it's not very nice."

We observed staff were very busy at lunch time and this meant people were not given the necessary support and encouragement to eat their meals.

People were only given a verbal choice of meal when best practice is to offer people a visual choice using two small plated meals. On the first floor, there were no cold drinks out and a juice dispenser in corner of room was empty. People were given mugs of tea or coffee. One person was given a meal and was sitting with another two people and a staff member who was supporting someone on a 1:1. The person with 1:1 support sometimes went to touch this person's meal and was prompted to leave it by the staff member. For this person it was only the intervention of the cook, 15 minutes after the food had been placed in front of this person, that they were prompted to eat and the cook also cut their food for them. A desert was left for them and again it was only the intervention of the senior carer at 1.30pm who came in and changed the desert for a hot one and encouraged the person to eat that they did so. We raised with the senior carer that the staff member on the 1:1 at the same table did not interact or encourage those around them to eat. The senior carer apologised and stated the staff member was from an agency but agreed this was poor practice and that they would speak with them.

Mealtimes were very quiet with little atmosphere. There was limited interaction between people using the service and staff did not have time to engage in or encourage conversation. Staff monitored some people's food and fluid intake to minimise the risk of malnutrition or dehydration. The food charts recorded the amount of food eaten but this was not consistent and there were gaps in recording food after lunch and tea times.

People's needs were assessed before they moved into the home to make sure the staff were able to care for the person and had the equipment to ensure people's safety and comfort. We spoke with a senior carer who told us, "I was doing an assessment last week and they were desperate for us to take this person. I came away and said we could not take them as this person had too many complex needs, I would be putting other residents at risk and I was listened to. We have to make sure the mix of people is right."

There had been some adaptation to the environment to make it more suitable for people living with dementia. People had their photograph on their bedroom door with a picture symbol to identify it as a bedroom. Lounges, dining areas, toilets and bathrooms also had dementia friendly signage to identify them. There were also some decorative pictures in the dining room to identify it as a place to sit and eat.

People were supported to access external professionals to maintain and promote their health. One senior staff we spoke to said, "We work well with others such as district nurses and social workers." However, one visiting healthcare professional we spoke with stated they did not feel welcomed at Warrior Park and we raised this with the regional management team in the Well-led domain of this report as it related to staff attitude rather than care that was being delivered.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a particular decision, 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that DoLS authorisations had been applied for appropriately and records were up to date. There were records of capacity assessments and best interest decisions were made when necessary. We also saw records to say that people with capacity to do so had consented to their care and treatment.

The regional manager we spoke with told us they had found supervisions were not all up to date. Some supervisions were showing as overdue from August. Nurses supervisions were also overdue. By the second day of our visit these had been planned in to take place. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw assessments relating to medicine competencies had been carried out in 2018.

We looked at the training staff had received. Mandatory training was up to date. Mandatory training is training that the provider thinks is necessary to support people safely.

## Is the service caring?

### Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

Staff and domestic staff were observed being caring towards people, they spoke to them with kindness and respect and were familiar with their needs and preferences. They consoled those expressing discomfort and offered comforts such as comfort dolls to people. Staff talked to people through procedures such as moving and handling and personal care. Staff promoted people's dignity, a person told us, "They give me as much dignity as they can, someone still has to take you to the toilet though you know." Relatives told us, "Staff seem really nice," and, "Staff brilliant but haven't got enough time."

People religious and sexual preferences were considered whilst care planning and delivering care and staff were either aware of these or knew where to find the information in care plans. A person of Catholic religion told us, "The priest drops in and sees me," and staff were aware that this was a private affair and gave the meeting space and privacy accordingly.

People were supported to be as independent as possible, such as with personal care needs, mobility, and eating and drinking. Care records described what people could do for themselves and what they required support with.

People's preferences and choices were clearly documented in their care records. For example, whether the person could communicate verbally, whether they used any glasses or hearing aids, and what support they required from staff.

Communication plans described people's needs, preferences and views regarding their communication. For example, whether they were able to communicate verbally, whether they used any glasses or hearing aids, and what support they required from staff.

We saw that records were kept securely when not in use. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

There was information available for people to access independent advocacy services.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service required improvement to be responsive.

Staff and people we spoke with confirmed that they would often put music on and sing and dance on an evening. Although it was a positive that staff did try something to entertain people, this limited activity would not be suitable for everyone or meet everyone's needs.

An activities board was displayed in the service, activities were available to everyone and on the first day of our visit we saw people invited to watch a singer performing within the service. However, activities were not person centred or tailored to people's need or preferences. Staff told us, "There needs to be more... You have all these ideas but nothing happens until you (CQC) come," and "We try and do activities, people enjoy music." Activity records we viewed showed that people were not routinely offered or participated in meaningful activity. One person's My Journal day activity record showed four entries completed since beginning of July 2018 and one for June.

Relatives we spoke with said, "The activities have dropped off, there is no weekend activities," and "Stimulation is non-existent."

There had been two activity staff members but one was on sick leave and the other was due to leave the service. We asked the regional manager about the situation and they were not aware the second staff was leaving. They told us they would review why the staff member was leaving and to put a bank staff member in post as an interim measure.

At the time of our inspection one person was in receipt of end of life care. Discussions took place monthly with people and their relatives about the care they required at the end of their life. People's religious beliefs were also considered during end of life planning. However, staff told us they felt staffing levels effected the quality of care they could provide. When asked staff told us "It knocks me sick, you don't have the time, time that (person) should be getting. [Name] should have someone with them a lot more often than they do." For people who did not wish to be resuscitated in the event of their heart stopping documents known as 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) were on file.

Care records detailed people's needs and preferences and they were reviewed regularly. We recommended that the provider works with the staff team to improve the quality of recording of daily entries as these were not person centred and were task focussed such as "pad changed when needed" and "fair diet and fluid intake" and did not show how people's wellbeing was being met.

The Accessible Information Standard was introduced by NHS England in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Although information was available to people and relatives in communal areas such as complaints procedures and advice leaflets,

there wasn't any easy read formats or care plans readily accessible. We observed pictures being used for signage around the building, to show menu choice and show the homes values.

A suggestion box was kept in the main reception for people, relatives and staff to express their views of the service and the service also used an electronic tablet for people, relatives and visiting professionals to record their feedback. The provider had systems in place for investigating and responding to complaints and the policy was on display in a communal area. We saw records to show that complaints had been addressed by the registered manager and a response sent to the person who had raised the complaint.

One relative we spoke with said they had raised a complaint and this had been investigated and responded to appropriately. We also saw comments recorded on the electronic tablet about the state of the care home in relation to cleanliness were being addressed by the regional manager.

Some relatives we spoke with felt the service was not always responsive as they were not made aware of specific incidents concerning their family members such as falls. We asked these relatives to raise their concerns directly with the management team at the service so they could investigate and respond.

## Is the service well-led?

### Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service required improvement to be well-led.

Records we viewed including care related records and quality assurance records were not always well completed. The governance and quality assurance system had not identified some of the areas for improvement found during the inspection.

We found gaps in relation to care records such as personal care charts. For one person we saw it had only been recorded they had not had any support for personal care for seven days up to 4 September 2018. We also saw other gaps in fluid and food chart recording for people. One staff member told us they felt there was enough time to complete documentation fully. We noted that daily care records were also lacking person centred information. They were completed bullet point style with examples such as, "Pad changed when needed" and "Fair diet and fluid intake." They did not describe people's wellbeing, mood or outcomes.

Daily and monthly audits of medicines had been completed but these they hadn't identified the issues and areas of improvement we noted.

We found one person had sustained a fall from their daily care records and sustained a skin tear. This fall had not been recorded on the provider's accident and incident system called Datix. The person was at high risk of falls and had skin integrity issues. This lack of recording meant the provider had no oversight of this person's risk and may therefore not put the right measures in place to keep the person safe.

These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance.

The registered manager had resigned from their post the day prior to our inspection visit. They had been registered with the Care Quality Commission (CQC) since April 2018. A registered manager is a person who has registered with CQC to manage the service. The service had experienced four different managers within the last 15 months and this meant the service, people and the staff team did not have consistent leadership or support. On the second day of our visit, the provider had put an experienced acting manager into the home and appointed an acting deputy manager who knew the home well, was part of the senior carer team and was well thought of by staff, people and relatives.

The staff team gave us mixed feedback about the management of the service. Comments included, "Because there's no support we are having quick turnover of managers", "I love the residents but feel so underappreciated." "We need a manager that's gonna stay, listen to us, support us and nurses to help out a lot more." And, Name (Area Manager) is great, a face you can approach, you feel like she will do something." However, everyone we spoke with acknowledged that morale was low and the staff team expressed concern about the future of the home. We shared these concerns with the provider's regional management team

who assured us they planned to meet with staff, people and relatives to listen to them and to offer support.

Surveys were provided about the quality of life people experienced living at the service and people also had access to an electronic tablet, which they used to raise an issue, concern or provide a compliment. People and relatives told us about meetings with the registered manager but some relatives told us they felt the previous manager was "unapproachable" so they did not attend them. We saw the last relatives and staff meetings had taken place in July 2018.

We met with one visiting healthcare professional who told us they did not feel welcomed at Warrior Park. We shared this information with the regional management team so they could improve partnership working at the home.



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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Records relating to medicines were not completed correctly placing people at risk of medication errors.

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	Records relating to people's care needs were not always well completed. Audits had not identified areas for improvements we found at the home. There needs to be sustained leadership at the service to support the staff team.