

Mrs J Harrity

Warwick House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Warwick House is a care home that provides personal care for up to 35 people with complex mental health conditions such as schizophrenia and bipolar illnesses, in an adapted building. At the time of the inspection 29 people were living in the care home.

People's experience of using this service:

People were supported by staff who had the skills and knowledge to meet their needs safely and effectively. Views of people, relatives and health professionals were valued and used to make improvements to the care and support people received.

People's mental health needs were being met in line with their personal preferences. The service responded promptly when people's needs changed. The service worked very well with other health professionals to make sure people's care needs were met.

People made decisions about their care, and when people chose to make unwise decisions, this was respected. Where people did not have capacity to make decisions, legal processes were followed.

Staff felt they were valued and respected by the registered manager who was described as 'very hands on' and who sought their involvement to improve and develop the service.

People were supported by staff who were caring, kind and thoughtful, and who took all opportunities to promote independence.

The service was well managed by the registered manager. Quality assurance systems, including audits, feedback from people who used the service, staff and health professionals were all used to make continuous improvements to the quality of the service people received.

Rating at last inspection: The last rating for this service was good (published January 2017).

Why we inspected: This was a planned inspection. The service was rated Good overall. This was based on the findings at this inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Warwick House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and an expert by experience carried out the inspection. An expert by experience is a person with personal experience of this type of service.

Service and service type:

Warwick House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and took place on the 28 August 2019. This meant the provider and the registered manager did not know we would be visiting.

What we did:

We reviewed the information we held about the home. This included details about incidents the provider must notify us about, such as notifications about serious incidents.

We assessed the information we require providers to send us at least once annually to give us some key information about the home, what they do well, and improvements they plan to make. We used this information to plan and conduct the inspection.

We spoke with 14 people living in the home and two visiting relatives.

We spoke with the registered manager and five staff that included catering and care staff. We also spoke with a visiting health professional.

We reviewed a range of records. These included three care plans, medicines records, two staff recruitment files, staff training and supervision records. We reviewed records relating to the management of the home. We reviewed how quality assurance checks were completed.

After the inspection, we requested and received feedback from one health professional to gain their views about the service. We have included their feedback in the main body of the report.

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 Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us if they felt safe. Comments included, "When I go to bed at night I feel cosy and safe and secure in my room. If I did not think it was brilliant I would not stay," "I have no worries. That is why I feel safe. I don't have to worry about paying bills or getting things repaired," and, "I feel safe because I am never lonely here. Everyone is friendly."
- There were policies, procedures and guidance readily available in the home to guide staff on what to do if they suspected a person was at risk of abuse. Staff had received training and were confident any concerns they raised would be acted on.
- Staff told us the registered manager was very approachable and always listened to what they had to say, and to any concerns raised. Whilst staff were confident that appropriate actions would be taken, they were also confident they could raise concerns outside of the organisation if needed.

Assessing risk, safety monitoring and management

- People received a safe service because risks to their health and safety were fully considered. Care records included risk assessments. Risks were rated as high, medium or low level risks, according to the level of risk to the person or to others. These included risks associated such with physical and mental health, paranoid or disturbed behaviour, self neglect, smoking, anti-social behaviour and abuse. Risk management plans were in place and reviewed on a regular basis.
- There was a 'missing person' protocol for each person. Most people went out on their own during the day. There was an agreed timeframe of when they would be expected to return to Warwick House, and when they would be considered missing. There was guidance about actions that staff needed to take for each person. A relative told us, "I know my son is safe. I visit him often and he is allowed to come and go as he pleases. If he was returning late I feel assured they would go and look for him. They know all his contacts and have weighed up all the risks."
- The environment was monitored to make sure it was safe. Checks included legionella risk management plans and safety certificates for gas appliances, electrical installations, and portable appliances. Systems were also in place to monitor fire safety.

Staffing and recruitment

- Safe recruitment processes were in place to ensure suitable staff were employed. These included checks with the Disclosure and Barring Service (DBS). These checks ensure that staff who are not suitable to work with people, such as those who live in care homes, are identified.
- The registered manager ensured staffing levels were sufficient and people told us there were enough staff on duty to provide the support they needed. One person commented, "You can always find staff when

needed." Staff told us they had enough staff on duty. One member of staff commented, "You only need one thing to go wrong and it can be a problem." However, they also told us they were well supported with on-call staff and the registered manager when needed.

- People were supported by a consistent group of staff, which meant they had got to trust and know them well. Everyone had an allocated key worker. This is a named member of staff responsible for coordinating and facilitating the person's care and support. When the person's key worker was on holiday, the person was allocated a co-key worker.

Using medicines safely

- People were supported to receive their medicines safely. People visited the medicines room, if they were able, to receive their medicines and were given the opportunity to discuss their medicines, before they were administered. One person felt their medicines needed to be reviewed. The registered manager said they would bring forward their review date and make arrangements for a community psychiatric nurse to visit.

- Staff received regular training in the safe management of medicines and their competency was regularly assessed. On the day of our inspection, the registered manager observed the member of staff who was administering the medicines.

- Arrangements were in place to safely store medicines that required cool storage and medicines that required additional security.

- The medication records we checked were accurate, fully completed and up to date.

Preventing and controlling infection

- Staff received training to make sure they were aware of good infection control practices. Personal protective equipment was readily available and appropriately used by staff.

Learning lessons when things go wrong

- Accident and incident reporting forms were completed. They were all reviewed by the registered manager to identify actions to prevent recurrence.

- There had been occasions when people had been reported as missing and the staff team needed to provide descriptions of people to the police. To improve the quality of information given by staff, the registered manager was in the process of introducing a 'front information sheet.' This provided specific information such as the person's hair and eye colour, height and weight, shoe size, piercings and tattoos.

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 Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives told us the staff were well trained and able to meet people's needs. One relative commented, "I know they are well trained, and I have seen people come in and talk to the support workers about fire precautions and other aspects of care."
- Staff completed an induction, worked with more experienced staff and received monthly supervisions from the registered manager during their first three months in post. Supervisions were then completed every three months and appraisals completed annually.
- Staff spoke positively about the training they completed. This included refresher training such as health and safety, food hygiene, safeguarding and behaviour that could be considered challenging to others. Staff spoke knowledgeably and confidently about situations and circumstances where they may need to keep themselves and others safe. They clearly described actions they would, and had, taken when needed.
- A personalised approach was used when care plans were developed and reviewed. A member of staff told us about the recent person-centred care planning training they had just completed to enable them to further enhance the quality and their approach to care planning.
- Two people who had diabetes tested their blood sugar levels on a regular basis. The care staff supported people and recorded the test results. The care records clearly showed the actions staff needed to take if the results were not within each person's normal and safe levels.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's mental health needs were assessed before they started to use the service. The registered manager completed an assessment to ensure they could meet people's needs.
- Personalised care plans were developed, and care plans considered people's diverse needs and aspects of their life that were important to them. Care plans provided details of any behaviours of concern that may affect the person or others around them. They also provided detail of 'what makes a good day' or 'what makes a bad day' and 'what will it take to have more good days and less bad days'.
- People's care records were updated regularly and when their needs changed.

Supporting people to live healthier lives, access healthcare services and support

- We saw evidence within people's care records of how the service worked closely with a range of health professionals that included the GP's, speech and language therapists (SALT), community psychiatric nurses, psychiatrists, emergency services, opticians and dentists to meet people's health needs. Comments from people and their relatives included, "The chiropodist comes to see me, but I visit the dentist in the centre," "They usually send for a paramedic if things go wrong" and, "I can ring the GP if I am unwell."

- The registered manager told us how they had supported one person to improve their health by encouraging them to eat fewer 'takeaway' meals.
- A good relationship had developed, and external healthcare professionals were very complimentary about Warwick House. Their feedback included, "They know people really well and recognise when there are changes or if people are deteriorating."

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

- People were supported to eat and drink independently and meals looked appetising and nutritious. People described the food as, "Excellent," and, "Brilliant." People often made their own drinks throughout the day.
- Catering staff were made aware of people's likes, dislikes, needs, choices and preferences, and informed when people's needs changed. They attended resident meetings where people contributed to the seasonal menu planning.
- Written menus with accompanying pictures were displayed in the dining area to help people unable to read, understand what the meals were on the day.
- The registered manager told us how they provided support and guidance for people about the importance of good nutrition. They monitored people and checked their weights regularly. Actions were taken when people's weight changed significantly. In addition, external professional support was obtained. For example, we saw where advice had been given by the speech and language therapy (SALT) team.

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

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 decision and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must in their best interests and as least restrictive as possible.

- The records showed how people communicated their views and described the support they needed with decision making. The registered manager and staff team clearly understood that people had the right to make decisions that may be considered unwise.
- Advice and guidance was provided, for example, about excessive cigarette smoking and alcohol intake, people often chose not to take the advice and guidance offered. A member of staff said, "One person smokes too much and their psychiatrist really wants them to give up. We try but it's their choice".
- The registered manager was in the process of introducing a 'decision making agreement' record. This was to make clear what decisions were important to people and the detail of their involvement.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- One person had a DoLS authorisation because they lacked capacity to make decisions about their care, accommodation and treatment. There were no conditions attached to the authorisation.

Adapting service, design, decoration to meet people's needs:

- People's rooms were personalised and contained possessions that were important to them. One person showed us their own chair and a fridge they had purchased from their room.
- There was a communal lounge and dining room and access to an external area that was being enhanced to make it more of an attractive space for people.

- A redecoration programme was on-going, and current plans included redecoration and refurbishment of one of the communal bathrooms. Plans were in place, and actions had been taken, to enhance the small outside area of the home to make it more accessible and attractive for people.

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 remained Good. People were supported and treated with dignity and respect and involved as partners in their care.

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

- People were treated well by staff. They looked relaxed and comfortable and readily approached and engaged with staff during the day of the inspection. A relative commented, "I think support workers genuinely care for him."
- It was clear the registered manager and staff team knew people really well and people approached them regularly to ask for advice and guidance, or just for a chat. Their approach was always respectful, friendly, compassionate, caring and direct where needed.
- One person told us, "If you feel down, staff are around to cheer you up. No one is ever bullied or abused in any way here and I think everyone feels safe." Another person said, "My favourite care is [name of care staff]. She really understands me and looks out for me."
- Staff told us how they got to know people really well, and how the key worker system enhanced the relationships they had with people.
- Compliments had been received from people, relatives and health professionals. These included, "Thank you for looking after me," and, "I would like to comment that she was more out-going...she seems to be enjoying herself a lot and participating in the life of the home."

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

- People were fully involved in decisions about their care and support. It was clear that people spent time as they wished, as they popped out, often to the local shops, during the day. One person said they wanted to go to another town but were advised they didn't have enough money for transport.
- Staff often asked people how they were feeling and encouraged people into a discussion. They reassured people whilst providing advice. For example, we heard the registered manager say to one person, "I would go and put your feet up for a while and rest up a bit. Your legs are quite swollen today."

Respecting and promoting people's privacy, dignity and independence

- We saw that people were treated with kindness and respect. People's privacy was highly respected. We were advised not to try and engage with one person who spent most of the time in their room, because they would find it distressing.
- Staff were able to give us examples of how to maintain people's privacy and dignity. They told us how staff were always expected to knock on people's doors before entering. One person's privacy had been further enhanced by a 'Do not disturb' notice they sometimes used.
- Throughout our inspection, we saw that people were treated with good humour, dignity and compassion.

There was also lots of friendly banter and conversations.

- People were encouraged to be as independent as they could be. Everyone living in the home was independently mobile. Staff prompted and reminded people about washing, dressing and their appearance. Staff chatted and encouraged people to use their own initiative, whilst providing reassurance and genuine empathy.
- Visitors were made welcome in the home and told us they had were treated well.

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 Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives where appropriate had been involved in planning and reviewing their care to make sure it met individual needs and preferences. Most of the people we spoke with told us they were not too interested their care plans. However, we did see they had regular discussions with their key workers to make sure the support they received still met their needs. Two relatives told us they had also been involved in care plan reviews every three months.

- The registered manager gave an example of how they had persevered to make sure a person received the care and support they needed. They told us the person had experienced significant trauma prior to moving into Warwick House. Following their move to the care home, they had declined the support they were assessed as needing. With patience, and by building the trust of the person over a period of time, the person had improved significantly, and accepted the care and support they needed. The registered manager noted in the PIR, 'We are very proud of him and we are of our achievements. In all of this we respected his dignity, but equally showed him we cared.'

- Staff understood the Accessible Information Standard (AIS). This standard requires service providers to ensure those people with disability, impairment or sensory loss have information provided in a format accessible to them and they are supported with communication. The registered manager told us they would provide whatever was needed, and we saw that pictures had been used for menu displays.

- People were encouraged to participate in a range of activities, outings and events that were offered, and records of activity were maintained. In addition, people where appropriate were encouraged to participate in tidying their rooms and washing their clothes.

- People spoke positively about the activities they were offered. Whilst some people told us they didn't join in activities, other comments included, "I used to have whole days where I didn't get up. I don't do that now," "We had a lovely day out in Littlehampton. Excellent three course lunch paid for by Warwick House. We had to pay the bus fare, but I have a bus pass," and, "I love them and go to everything."

- Staff were aware of people's preferences and activities they enjoyed. People received the support of staff on a 'one to one' basis, for example, to go out to a café or a bus ride to a local place of interest. Other activities included weekly arts club, film nights, singing club with instruments, pamper evenings, monthly 'takeaway' club, picnic in the park and theatre outings.

- Activity records for each person were reviewed regularly, to ensure people did engage with activities they liked to do. Where people were reluctant to join in group activities, this was discussed with them. They were often offered more opportunities for one to one activities and outings with staff if this was more comfortable for them.

- People's birthdays were celebrated with their agreement. The catering staff told us people chose their favourite type of cake which they made specially for them. A coffee birthday cake was being baked in

response to one person's request, on the day of the inspection.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was readily available and accessible to people. People told us, "I would tell the manager if I had to complain," and, "I would tell my key worker if things weren't right."
- Two complaints had been received in the last 12 months. The registered manager told us how they had been investigated, responded to and resolved.

End of life care and support

- At the time of our inspection, the service was not supporting any person to receive end of life care.
- We read a 'do not resuscitate' directive that was clearly recorded in the care plan.
- The registered manager told us that many people were reluctant to discuss their wishes for when they became unwell and approached end of life. They were introducing a 'wishes and preferences for my future care' record, which they planned to introduce and then discuss with individually with people.

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 Good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Staff were supported with learning and encouraged to develop their understanding of the needs of the people living at Warwick House. Staff performance was regularly monitored to ensure they were supporting people effectively. Staff spoke positively and told us the management team actively encouraged them to participate in training and gain qualifications in care.
- The registered manager was committed to making continuous improvements to the quality of the service they provided for people. They took all opportunities to make sure people had access to the services they needed. They also made improvements in response to audits, incidents and other feedback received.
- There was a positive staff culture and staff were motivated and enthusiastic. Staff showed a real commitment to providing support, often in challenging circumstances, that was personalised for each person.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, staff and external health professionals were encouraged to contribute their views on an ongoing basis. Everyone we spoke with and received written feedback from commented positively.
- Meetings with staff, people who used the service and relatives were held regularly. A relative told us, "We have resident and relative meetings when we can discuss anything." Surveys were also completed, and feedback used to make further improvements. One recent change made in response to feedback was a change to the frequency of meetings and to the room in which they were held.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was committed and passionate about providing a personalised service to people living in the care home. They were very knowledgeable about all of the people they supported.
- Everyone provided positive feedback about the registered manager a relative commenting, "We can speak with the manager at any time."
- Staff told us there was good communication and support from the registered manager. Feedback included, "She is really approachable. We can talk to her about anything. We are a small team but yes, we still have those clear professional boundaries," and, "I would give [registered manager] five out of five. She is always there when we need her".

Working in partnership with others

- The registered manager told us how they worked in partnership with other health and social care professionals to ensure positive outcomes for people. One health professional had commented, "They know people well and listen and act on our advice. We work really well with them".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager was aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send to the CQC by law.
- The registered manager completed a range of quality audits and actions were taken to make improvements. These included making improvements to the outside accessible space for people and enhancement of the care records.