

J Lysaght

Warren Park Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Warren Park Care Home is a residential care home providing nursing and personal care to 34 people at the time of the inspection. The service is registered to support up to 40 people in one adapted building.

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

Improvements had been made since the last inspection. However, some concerns remained regarding the recording of people's medicines and the support they had been given by staff. Due to these recording issues we could not always be fully assured people had had their needs met. The provider and manager were aware of most of the concerns before our inspection and had put new processes in place to address these. These processes needed more time to embed.

Risks relating to people's health and wellbeing were appropriately assessed and managed. New care records were much improved from the last inspection, but older care records needed a full review to ensure they were accurate and contained enough information to guide staff to support people safely.

Recruitment systems were robust and safe and there were enough staff to support people's needs. People were supported by caring and well-trained staff. Feedback from people showed they liked living at Warren Park and they felt safe.

The environment of the home was pleasant and clean throughout. Staff followed appropriate infection and prevention control measures and COVID-19 related guidance. Some parts of the home had been adapted to support people living with dementia.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

A new manager had started since the last inspection. Feedback from staff was positive and they felt improvements had been made in the home. Staff reported the atmosphere and culture of the home was more positive and felt there was more engagement with the new manager.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 April 2020) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some, but not enough improvement had not been made and the provider was still in breach of regulation.

This service has been in Special Measures since 07 April 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Whilst we found some improvements have taken place, we have identified continued breaches in relation to medicines management and good governance.

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

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced comprehensive inspection of this service on 18 and 19 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Warren Park Nursing Home on our website at <http://www.cqc.org.uk>.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Warren Park Nursing Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and one medicines inspector.

Service and service type

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

The service had a manager registered with CQC but they no longer worked at the service. There was a new manager at the service who had applied to become registered. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the manager, deputy manager, nurses and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found.



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

Using medicines safely

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

At this inspection we found that the provider had made improvements to the way medicines were managed. However, the new processes and systems needed more time to embed. The provider was still in breach of regulation 12.

- Medicines Administration Records (MAR) were not always completed fully so we could not be sure medicines had been given.
- Body maps were now in place but were not always used by staff to record where a medicine patch had been applied. Using a different part of skin reduces the risk of skin irritation and side effects.
- When medicines to be taken by mouth were given in a different way, guidance had not been obtained from a pharmacist to tell them how to do this safely. Care plans lacked the required detail to guide staff on how these medicines should be safely given to people.

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

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

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

At this inspection we found enough improvement had been made and the provider was no longer in breach of this part of the regulation.

- Risks to people were identified and plans were in place to minimise those risks.
- Risks within the environment were considered and assessed. Equipment was regularly checked to ensure it was safe to use.
- Plans ensured that people's needs would continue to be met in the event of an emergency.
- Accidents and incidents were monitored and reviewed, and action was taken to reduce further

occurrences.

Staffing and recruitment

- There were enough staff on duty to ensure people were supported safely. Staff told us staffing levels had improved since the new manager started, and they had more time to spend interacting with people.
- Recruitment procedures were safe. Pre-employment checks were completed on all staff before they started employment.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment. Staff had received appropriate training and were clear on the potential signs of abuse and how to raise any concerns they might have.
- People told us that they felt safe and relatives we spoke with told us that they felt their loved ones were safe. Comments included, "[Relative] is a lot safer now", and "I am delighted with the home, they [staff] couldn't look after [relative] any better. They are kind and caring and [relative] is always spotlessly clean. No complaints whatsoever".
- Records showed safeguarding procedures were appropriately followed to protect people from risk of harm.

Preventing and controlling infection

- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.
- There was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- There were robust infection prevention control procedures (IPC), including those relating to COVID-19, in place.
- Sufficient supplies of personal protective equipment (PPE) was available and staff knew how to wear and dispose of it safely

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

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

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

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

- Systems were in place to ensure people who lacked the capacity to make specific decisions, were supported in the least restrictive way possible.
- Authorisations were in place for people who had restrictions placed on their liberty and any conditions had been met.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans.
- Staff obtained advice and guidance from dietitians and speech and language (SALT) where this was required for people.
- People's fluid intake was monitored to ensure they were well hydrated. However, we found some records were inaccurate and recorded very low levels of fluid intake on some days. The manager told us this was

because staff were still learning to use the new electronic care plan system.

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

- People's needs were assessed before admission to the home.
- The environment was equipped with aids and adaptations to assist people with their personal care and mobility.
- The environment of the home was pleasant and nicely decorated.

Staff support: induction, training, skills and experience

- Staff had the required knowledge, skills and experience to undertake their role. Where concerns with staff competency existed, the manager took appropriate action.

- Staff received regular supervision with the manager. Staff said they were well supported.

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

- Care plans guided staff on how to support people with their healthcare needs.
- People were referred to health and social care professionals where appropriate to ensure they received the care and support they needed.

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 inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent.

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

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

At this inspection, we found some improvements had been made but these had not been fully embedded, and the provider was still in breach of regulation 17.

- The new manager has developed auditing processes within the home. These were effective and had identified the majority of the concerns we found at inspection. The manager had plans in place to address these concerns.
- Records to document the care people had received were not always well-maintained. This included aspects of people's medicines records and recording of people's fluid intake.
- The manager had introduced a new electronic care plan system to help improve recording. We found new care plans entered on to this system were much improved, but some older care records had not been fully reviewed and were not detailed enough and sometimes contained inaccurate information.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate the service was effectively managed. This was a continued breach of Regulation 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was apposite culture in the home that was inclusive and empowering.
- Staff praised the improvements made by the manager and the positive effect they had had upon the home. One staff member said, "The atmosphere has improved so much with the new manager. Care plans are improved and staff are listened to now."

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager worked in partnership with other professionals to improve people's care and treatment.
- The provider had systems in place to engage with people, the public and staff. We saw actions had been

taken based on this feedback.

- Staff felt engagement had improved with the new manager. One staff member told us, "Since the new manager started, we now have meetings and we feel listened to. The leadership has improved, [the manager] is visible and approachable."
- Relatives told us that due to COVID-19 there had been some restrictions on their visiting. However, most relatives said they continued to be consulted with when appropriate.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their legal responsibility to be open and honest with people. Relatives told us there were good lines of communication following any accidents or incidents.

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 The provider failed to ensure people's medicines were administered safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure systems were robust enough to demonstrate consistently effective management of the service.