

Tamaris Healthcare (England) Limited

Warrior Park Care Home

Inspection report

Queen Street
Seaton Carew
Hartlepool
Cleveland
TS25 1EZ

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Tel: 01429234705
Website: www.fshc.co.uk

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Warrior Park Care Home is a care home which can provide nursing and personal care for up to 52 people. The care home accommodates people in one adapted building across two floors. One of the floors specialises in providing care to people living with a dementia type illness. At the time of this inspection there were 36 people living at the service.

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

People told us they were happy with their care. Medicines were administered safely however some staff were not following best practice guidance. We made a recommendation about this. Effective recruitment procedures were in place and people received care in a timely way. The environment and equipment were safe and well maintained. Staff understood how to keep people safe. People were protected from the risks associated with the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were assisted to eat and drink enough to maintain their health and welfare. Staff received appropriate training and supervision. People's health was well managed. Staff worked closely with professionals to provide effective care.

Staff had developed caring relationships with people and respected their privacy and dignity. People's independence was promoted. Staff ensured people maintained links with their friends and family.

People's care was based on detailed assessments and person-centred care plans. A range of activities were available. People felt confident raising concerns and complaints had been dealt with effectively. Staff were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected.

Management systems were in place to monitor the quality of the care provided and feedback was used to make continuous improvements to the service.

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 17 October 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Warrior Park Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector, a specialist advisor in nursing and an Expert by Experience. The Expert by Experience had personal experience of caring for someone who used this type of care service.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and the quality and safety of the care provided. In the absence of a registered manager the provider's resident experience team were providing management support. The resident experience support manager was acting as manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 four people and four relatives. We spoke with the manager (resident experience support manager), regional operations manager, resident experience care specialist, an agency nurse, three care staff, the administrator, a cook, kitchen assistant and activities co-ordinator.

We observed how people were being cared for and reviewed a range of records. This included people's care and medication records. We looked at the personnel files for four staff and we reviewed records related to the management and quality assurance of the service.

After the inspection

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

Is the service safe?

Our findings

Safe – this means 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 now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to robustly record the administration of medicines placing people at risk of medication errors. This was a breach of regulation 12 (Safe care and treatment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Appropriate arrangements were in place for the safe administration and storage of medicines. The manager completed regular audits of medicines and areas for improvement were acted upon.
- There were gaps in the daily totals for some people's medicines and the protocol for recording 'as required' medicines could be more robust. The manager assured us these shortfalls would be addressed.
- Staff who administered medicines were trained and knowledgeable about people's medicines.
- People's medicines were administered safely. People were happy with the support they received to take their medicines.
- A professional from the Clinical Commissioning Group (CCG) medicines optimisation team told us there had been "big improvements" in the way staff managed medicines. They said, "I am optimistic that with a new and permanent manager in place they will continue to improve."

We recommend the provider consider current guidance on recording of people's medicines and standardises its procedures for 'when required' medicines to ensure they are consistently recorded.

Staffing and recruitment

- At our last inspection people and staff expressed concerns about the levels and deployment of staff. At this inspection there were enough staff on duty to meet people's needs. People told us they received care in a timely way. One person told us, "There are enough staff."
- The provider operated a safe recruitment process. The provider was actively recruiting nurses to reduce the use of agency staff and improve consistency of practice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A relative said, "[Name] is comfortable and safe."
- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management

- At our last inspection we found shortfalls in the management of risk. At this inspection, risks to people were assessed and monitored. Care plans were in place to mitigate risks and were reviewed regularly.
- The environment and equipment were safe and well maintained.
- Systems were in place to support people in the event of an emergency. The provider had a business continuity plan and each person had a personal emergency evacuation plan which contained information about how best to assist them during an evacuation.

Preventing and controlling infection

- The home was clean.
- Policies and procedures were followed by staff to promote good infection control.
- Equipment to help prevent the spread of healthcare related infections was readily available.

Learning lessons when things go wrong

- The service responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends and incidents were used as a learning opportunity.

Is the service effective?

Our findings

Effective – this means 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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to robustly record the food and fluid intake of people in accordance with their assessed needs. This was a breach of regulation 17 (Good governance) 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 regulation 17.

- People were supported to eat and maintain a balanced diet. People told us they enjoyed the food and were offered alternative choices if they didn't like something. Comments included, "The food is excellent", "I like the Sunday dinners here" and "We have a choice of food, there's enough offered."
- Staff were knowledgeable about people's special dietary needs and preferences.
- People's weight and fluid intake was monitored closely. Detailed records were completed and regularly reviewed. Professionals were involved, as appropriate.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff received regular supervision and appraisal. Staff said they felt supported.

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

- People's needs and choices were recorded in detailed pre-admission assessments. These were used to develop people's care plans.

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

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

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

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

- The manager followed all the principles and guidance related to MCA and DoLS.
- Staff knew what they needed to do to make sure decisions were taken in people's best interests.

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

- People told us they received health care support when needed. One person said, "I've seen the Doctor here, my own GP. I see the chiropodist every month and the optician."
- People's care records showed relevant health care professionals were involved with their care. This included, GP's, falls team, community psychiatric nurses, dentists and Macmillan nurses.

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

- People were involved in decisions about the premises and environment.
- The design and layout of the home met people's needs.
- The home had a redecoration and refurbishment plan in place.

Is the service caring?

Our findings

Caring – this means 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 remained the same. This meant 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 and relatives were happy with the care provided. Comments included: "You are well looked after here" and "It's quite friendly here."
- Relatives could visit whenever they wanted and were made to feel welcome. One relative told us, "I know all the different nurses. I have no concerns." Another relative said, "They offer me a meal and ask if I'm alright."
- Staff showed concern for people's wellbeing. They knew people very well and worked to ensure people received care and support that suited their needs. One relative said, "I feel confident that [Name] is getting the care they need."
- Equality and diversity were recognised by the provider and staff.

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

- People could express their views and be involved in making decisions about their care. One relative told us, "They listen to her. If she fancies anything, they get it for her."
- Staff directed people and their relatives to sources of advice, support or advocacy.

Respecting and promoting people's privacy, dignity and independence

- People were respected and shown patience and understanding by staff. People's independence was promoted. One person told us, "They [staff] definitely try to make me independent."
- Staff maintained people's privacy and dignity. They were clear this was a fundamental part of their role. One person told us, "The staff listen."
- The staff team worked well together and with the people who used the service. Staff consistently engaged people in conversations. One person told us, "They [staff] are brilliant they always pop in." Another person said, "They [staff] look in and chat. They are always pleasant."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to robustly record the care needs of people. This was a breach of regulation 17 (Good governance) 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 regulation 17.

- People had personalised care plans. They clearly described the care people required to meet their needs and were reviewed regularly. People and relatives were involved in creating their plans of care.
- People were empowered to make choices. They had as much control in the delivery of their care, as possible.

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

- People and relatives gave positive feedback about the activities provided. These included, bingo, cheese and wine evenings, visits from the Hartlepool Ukulele Group, themed fairs, coffee mornings and entertainers.
- People were encouraged to take part in activities and events of their choice. People told us, "I do crosswords and read the papers" and "I watch television. I like the programme about animals on a Friday."
- Staff supported people to maintain important relationships. One person told us, "I go to the promenade with my daughter." Another person said, "Family come when they want."

Meeting people's communication needs

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

- Most people using the service were able to communicate their needs to staff without support. Where people had difficulties with communication, information could be made available in different formats.
- People had access to Wi-Fi. They were able to use technology to communicate with distant relatives.

Improving care quality in response to complaints or concerns

- The provider had a structured approach for dealing with complaints.

- People and relatives knew how to complain. They were confident the manager would listen to them and resolve matters.

End of life care and support

- People were supported to make decisions about their end of life care. Staff empowered people and relatives to develop care plans. They respected people's religious beliefs and preferences.
- The provider had an end of life policy. Staff were aware of good practice and guidance. Professionals were involved as appropriate.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. The service did not have a manager registered with the Care Quality Commission.

Continuous learning and improving care

At our last inspection the provider had failed to operate an effective quality assurance system. 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 action had been taken and there was no longer a breach of this regulation.

- Management oversight and monitoring of the service had improved. Staff completed a series of quality audits and safety checks. These were used to make improvements. For example, an audit completed recently had identified some of the medicine issues we found.
- Despite the short time the manager had been in post they had addressed most of the key concerns we found at the last inspection. They had gained the confidence and trust of staff and had a clear plan to support continued improvement.
- The manager responded positively to the inspection process and took immediate action on feedback issues raised during the inspection.

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

- The provider's resident experience support manager was acting as manager. They proposed to submit an application to register with CQC. The manager was visible about the service and was responsive to the needs of people, relatives and staff. One person told us, "The manager is definitely approachable."
- Staff spoke positively about their roles and responsibilities. They told us the management team were supportive and approachable.
- The service had submitted the required statutory notifications to CQC following significant events at the home. There were suitable policies and procedures in place. Records were stored securely.

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

- The home had a positive atmosphere. Staff morale and teamwork were good. Staff were enthusiastic about ensuring people received good care and support.

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

- The views of people, relatives and staff were regularly sought. They were invited to regular meetings and asked to complete annual surveys. Their feedback was used to make changes and improvements to the service. One person told us, "They [staff] involve me in everything."

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 and the manager were aware of their responsibility regarding the duty of candour. The manager was responsive to concerns identified and quick to put things right.

Working in partnership with others

- The service had good links with the local community including schools and churches.
- Staff worked in partnership with health and social care professionals to achieve good outcomes for people.