Warwick Park Care Home Limited

Warwick Park Care Home

Inspection report

55 Warwick Park
Tunbridge Wells
Kent
TN2 5EJ

Tel: 01892541434

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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 Park Care Home is a care home providing personal care with nursing for up to 32 older people, some with a diagnosis of dementia. At the time of the inspection there were 26 people using the service.

People's experience of using this service and what we found
People and their relatives were happy with the care and support they received. They told us the home was a safe environment and they felt reassured. There were enough staff employed to meet people's needs. There were safe medicines and infection control procedures in place. Incidents and accidents were recorded and there was evidence where things went wrong, the provider used these as an opportunity for learning and to make improvements.

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.

People received appropriate support in relation to their diet and their ongoing health needs, from staff who were adequately trained to do so. Where needed, the provider worked with healthcare professionals to provide joined up care. People's needs were assessed prior to them moving in which meant their needs could be met. The home was suitably adapted to meet their needs.

The service was caring. This was reflected in the feedback we received on the day of the inspection and from our observations of how staff interacted with people. People were offered a choice in relation to their care and treatment and their wishes were respected. People were provided with dignified care that was sensitive and maintained their privacy.

There was a good activities programme within the home, including group and one to one activities delivered by both an in-house activities co-ordinator and external visitors. People's needs were reflected in care plans which were reviewed on a regular basis. Staff supported people with communication support needs. End of life care plans were in place and the provider worked with a local hospice to ensure people received good end of life care.

Feedback from people, relatives and staff in relation to the management of the home was positive. The provider engaged with stakeholders and acted upon any feedback received. There were quality assurance checks in place and the provider had given consideration to how these could be improved to enable them to continue to provide a good service.

Rating at last inspection
The last rating for this service was Good (published 20 September 2017).

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.

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 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
This inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Warwick Park Care Home 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.

The service had a manager registered with the Care Quality Commission. This means that 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.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
We used all of this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service about their experience of the care provided and five relatives. We spoke with nine members of staff including the registered manager, deputy manager, a nurse, the chef, two activities co-ordinator and three care workers.

We reviewed a range of records. This included four people's care records and medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection
We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection, this included training records, activities provision and quality assurance records. We also contacted two health professionals for their feedback.

Good

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service said they felt safe and this was confirmed by relatives. Comments included, "I feel safe because I love my room, I have my things around me", "I just feel reassured by the care they take of me" and "My [family member] feels very safe because they answer her buzzer very quickly and carers are very attentive to her needs."
- Care workers were familiar with safeguarding procedures and what action they would take to keep people safe from harm and abuse. Records showed they received annual, refresher safeguarding training.
- Notifications submitted to the CQC demonstrated the provider took action where concerns were raised and reported them to the relevant safeguarding authorities for investigation.

Assessing risk, safety monitoring and management

- Risk to people were assessed when they first moved in and then on a regular basis, or when people's needs changed.
- For example, where people had been assessed as being at high risk of developing pressures sores or falls, there were support plans in place to manage the risk. Staff read and signed any risk assessments for people indicating they understood them. When we spoke with them, staff were aware of the main risks to people and how they would support them in line with their risk management plans.
- Regular environmental checks were completed which helped to ensure the home was safe for people, staff and visitors. A maintenance engineer completed checks on fire safety which included fire alarm testing, fire doors, emergency lighting and fire extinguishers. Water safety and safe water temperature checks were also completed to minimise the risk of people scalding themselves.
- Regular maintenance checks on equipment such as hoists and pressure relieving mattresses were completed which helped to ensure they were safe to use.

Staffing and recruitment

- People and their relatives told us there were enough staff around to help them when needed. They said, "I think they are well staffed" and "I feel safe because the staff are very attentive" and "They always know where I am and we are never left unsupervised for long periods."
- Staff levels were flexible and more staff were allocated in the morning when people needed help with personal care. There were six care workers and a nurse on the rota during the morning plus the registered manager and the deputy manager, activities co-ordinators and domestic staff.
- Staff recruitment files included evidence that appropriate recruitment checks took place, including written references, identity checks and Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions. The provider had made changes to its policy

around checks for agency staff following a recent safeguarding concern.

Using medicines safely

● People told us staff supported them to take their medicines. One person said, "They are regular and they watch you swallow them."

● We observed a nurse administering medicines to people on the day of the inspection which they did correctly, following good practice. They checked to make sure they were giving medicines to the right person, and checked they were giving the right medicines at the right time. The nurse asked people for their consent before giving them their medicines.

● Electronic medicines records were completed which provided a clear audit trail of the medicines that people had been given and by which members of staff. The system was set up to alert staff if a medicine had been missed which helped to ensure people were given all their medicines correctly.

● The medicines records system included guidance for staff in relation to pain relieving medicines which were needed as required. Details about each medicine, their uses and side effects as well as any allergies that people had were recorded on the system.

● The provider followed clinical guidelines and sought clinical approval from the GP and pharmacist for medicines that needed to be mixed or crushed with food.

Learning lessons when things go wrong

● Incidents and accidents were recorded on the care planning system.

● The registered manager carried out investigations where necessary and lessons were learnt following any incidents to try and prevent similar occurrences from taking place in future.

● Monthly reporting took place which included any incidents and accidents that had occurred.

Preventing and controlling infection

● One person said, "They make sure my room is cleaned each day, I have no complaints." Training records showed that staff received training in infection control and Control of Substances Hazardous to Health (COSHH).

● The provider had achieved a food hygiene rating of 4 during a recent inspection from the Food Standards Agency. This meant standards were good in relation to hygienic food handling and the cleanliness and condition of facilities and building.

● There were separate food and hand wash sinks in the kitchen and colour coded food preparation boards to minimise the risk from cross contamination in line with good practice.

● Hand hygiene and infection control posters were on display in the home. Food hygiene guidelines on display in the kitchen. Hand sanitizers were available throughout the home. We observed staff cleaning bedrooms and communal areas during the inspection.

● The provider had displayed a Coronavirus (COVID-19) safety notice at the main entrance advising visitors at risk to avoid coming to the service and risking the safety of people using the service.

Good

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 the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received a thorough induction and yearly refresher training in subjects the provider considered mandatory. They were also supported to complete training in other topics based on people's individual needs. New staff were enrolled onto level 2 or level 3 diploma courses in Health and Social Care, depending on their previous experience. One care worker said, "I have just finished my 36 hour week shadow shift, it was really useful. I did a full days mandatory training before the shadow shifts."
- Induction and refresher training included basic first aid, manual handling, health and safety, fire safety, person centred care, challenging behaviour, dementia and General Data Protection Regulation (GDPR).
- Additional training included syringe driver, tissue viability, diabetes care, wound management and falls prevention amongst others.
- Staff received regular supervisions every three months and annual appraisals. Supervisions were used as an opportunity to discuss any work practice issues and identify any training needs. Appraisals were a platform to rate their performance over the past year and to set any new objectives for the upcoming year.

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

- People told us their needs and choices were assessed before they came to live at the home. Comments included, "The manager came to my home before I came here, we discussed all my likes and dislikes" and "When the manager came to see me at home, she asked my family about all the routine things I enjoyed daily."
- The registered manager carried out thorough pre-admission assessments so they had appropriate information about people's needs to help ensure they could be met. There was also an opportunity for people and where appropriate, their relatives to ask questions and visit the home before coming to a decision.

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

- People and their relatives told us they were happy with the food that was available in the home. Comments included, "The food is very good, there is always an alternative" and "This is very nice soup."
- Lunch typically included a soup, a choice of a meat, fish and a vegetarian option for mains. Alternative choices were offered and accommodated if people did not like any of the choices on offer.
- Afternoon snacks were provided every day and the chef told us that staff were able to come and make snacks for people in the evening and at night for people if they wanted.
- Care plans were in place for any support needs that people had in relation to their diet, including whether they needed a modified diet such as a softened or pureed diet.

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

● People said they were able to visit the GP and other health professionals as required. They told us "I can arrange appointments for dentists or opticians as required", "They have routine visits from GP's but will send for one if necessary. I have every faith in them" and "They arranged transport for me to accompany my [family member] for a hospital visit, they are very efficient."

● The provider carried out regular health checks on people for ongoing monitoring, including weighing them regularly, completing food and fluid charts to ensure they were well hydrated. Referrals were made to professionals such as dietitians if appropriate.

● A GP visit was carried out every week and people were also supported to access other professional such as domiciliary dentists and optician. Records of visits were kept.

● Care plans were in place for any healthcare support needs that people had.

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.

● People and their relatives told us their wishes were respected and staff asked for their consent and offered them choices before supporting them. They said, "They always check everything, they are very attentive and never make you do anything against your will" and "The chef comes round in the morning for our choices (for lunch)." We observed staff asking people for the consent before giving them their medicines and during lunch.

● Training records showed that staff received training in the MCA and were aware of the principles of the Act. One care worker said, "We have to assume that people have capacity and support them to make the best decisions. We have to make decisions in people's best interest if they don't have capacity." Another said, "If the resident has a DoLS in place they have certain restrictions in place which are recorded."

● The provider carried out mental capacity assessments and these decisions were recorded in people's care records. Best interest decisions were recorded for people who did not have the capacity to consent to decisions related to their care and support.

● The provider applied for DoLS authorisation for those people that were under not free to leave and under continuous supervision and control.

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

● The home was suitable for people using the service. There were communal spaces for people and their visitors to socialise in, and a well maintained outdoor space.

● The home was suitably adapted, with lifts and ramps both inside and leading to the garden. Some

bedrooms were en-suite and the home had been recently refurbished to a high standard.

Good

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 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

- Everyone we spoke with told us that staff were caring and friendly and they enjoyed living in the home. Some of the comments included, "Everyone gets on so well with the carers. I am convinced they really care and are not just doing a job", "Everyone is treated equally even those who appear to be more demanding than others", "They are lovely carers" and "You cannot fault them."
- Our observations during the inspection were positive. There was friendly and pleasant interaction between staff, people and visitors. Staff were attentive to people's needs when supporting them with medicines, during lunch and when activities were taking place. One care worker said, "We provide good care, I would be happy for my family to be here."
- Records showed that staff received training in dignity, person centred care and to equality and inclusion. Staff told us they treated people the same, respecting their individual choices and were sensitive to their religious or cultural needs.

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

- People told us they were able to make choices about their care needs and how they wanted to be supported. One person liked to take some of their medicines themselves and their wishes were respected. Other people said, "We are always consulted about care or special needs, they are remarkable", "I'm not keen on roasts so I choose softer meals instead, I choose spaghetti or cottage pie."
- One care worker said, "You need to ask people and offer them a choice, you cannot just give them what you think they would like. It's important to ask them." The activities co-ordinator did not force people to take part in activities, gently encouraged them to do so if they wanted to.
- The provider was in the process of developing life history books, taking on board the views of people, their relatives and friends. The registered manager told us the aim of this was to help people to remember their life history and to support the staff to know them better.
- People and their relatives were involved in planning their care, through regular reviews about their care plans and through residents and relatives meetings that took place.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and they were encouraged to remain as independent as possible. Comments included, "They make sure you have privacy if you need it", "They help me to keep my independence, I can wash myself from top to knees and I get help with the rest."
- Staff took steps to ensure that people's privacy and dignity was respected. They knocked on people's rooms before entering and care was provided discreetly. One care worker said, "Privacy and dignity is very

important, you need to make sure curtain and doors are shut and try and make them feel as comfortable as possible."

● The provider encouraged people to maintain relationships that were important to them. The home was busy on the day of the inspection with visitors and relatives coming to see their loved ones. People were able to go out into the community, either independently or with relatives.

Good

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 the same. 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

● People's care plans were comprehensive in scope and were reviewed on a regular basis. People and their relatives told us they received good care in line with their needs. Comments included, "Help is there when you need it, I came for two weeks respite and stayed to make it my home", "I have a full wash every day and a shower on a Thursday." A relative said, "They will ring me or email me if necessary."

● Care plans covered areas of support that were relevant to people, for example mobility and falls, nutrition and hydration, skin integrity, personal care, oral care and foot care and mental health and wellbeing amongst others. Each care plan included an observation of people's current needs and any intervention that staff needed to take to help people. For example, people that were at risk of choking had up to date support plans in place which included the action for staff to take to support them such as sitting in an upright positions, providing one to one support during meal times and ensuring they had a softened diet in according with the recommendations from the Speech and Language Therapy Team (SALT).

● One health professional said, "To date I have not had any issues with regards to the care provided to residents or the lack of paperwork." Another said, "I have found the staff I interact with during the working week to be knowledgeable about the support/care needs of my patients resident in the home. They seem to have information recorded in their IT system and request appropriate advice and support from me."

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.

● The provider was meeting the AIS. For example, communication support plans were in place and these identified any help and support that people needed in relation to their communication.

● One person who was not able to communicate verbally had flash cards to aid staff to communicate with him. Staff used this effectively to communicate with this person so they were able to make an informed choice about their care.

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

● A full time activities co-ordinator had started recently and people spoke positively about the activities provision. They said, "The activities have been very good and now we have a new full time coordinator and one that is part-time" and "The hairdresser comes on a Thursday and I also enjoy hand massage and nail care."

● The activities co-ordinator showed us her current and the immediate future activities plans for the home. Plans were well thought out and included fixed, regular activities that took place and other activities some of which were delivered by visitors. They were a mixture of group and one to one activities for those people that did not enjoy taking part in communal events.
● We observed an excellent music and exercise programme that took place. This was carried out with enthusiasm and everyone participated, including the care workers. People enjoyed taking part in this.
● The provider engaged with the community and had linked up with local schools. For example, inviting A-Level students to volunteer as part of their Duke of Edinburgh Award Scheme.

End of life care and support
● End of life care plans were in place and discussions were held with people and, where appropriate, their relatives regarding any end of life wishes.
● Where people were identified as reaching the end of their life and being in need of palliative care, the provider worked closely with palliative specialist nurses and a local hospice to ensure their needs were met.
● Nursing staff had completed verification of death training. The registered and deputy manager reviewed people who were identified as being towards the end of their life every month. After people passed away the registered manager held meetings with staff to provide emotional and bereavement support.

Improving care quality in response to complaints or concerns
● People and their relatives told us, "If there is anything I need to know, they email me" and "They phone me if any problems arise." They were confident if they raised a formal complaint, their concerns would be acted upon.
● There had been no formal complaints received over the past year. There had been some informal concerns raised in relation to a period of time where there was no activities co-ordinator, however these had been responded to and no further concerns were bought up since the new activities co-ordinator had been recruited.
● An easy read version of the complaints procedure was put up on a noticeboard ne the main entrance of the home. People and their relatives were encouraged to feedback about the service through weekly surgeries that took place, hosted by the registered manager.

Good

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 the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives said the registered and deputy manager were "Hands on" and they felt comfortable "talking to them on a daily basis." Most of the people we spoke with knew them by their first name and said were "They are very approachable." A relative said, "There is a good team spirit throughout the care home everyone appears to be in harmony. I have great faith in them."
- Staff were complimentary about the managers, the culture and the support they received. Comments included, "It is a good place to work", "They are very good, supportive. The manager is the best one I have had", "I like working here" and "The senior care assistants have been amazing."
- A noticeboard in the main reception of the home displayed the most recent CQC ratings and also feedback from the most recent feedback survey, including areas of improvement. This demonstrated the provider was open and honest with people.
- The registered manager understood their responsibilities under duty of candour. Any concerns or incidents that took place were shared with the appropriate people such as relatives and/or professionals. Records showed that when incidents took place, the provider tried to resolve these in an open and honest manner.

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

- A number of audits took place which helped to ensure the home continued to provide a good service. These included medicines, infection control and care plan audits. There were action plans in place to make improvements if any issues were identified.
- The provider was moving to a more robust, electronic based governance system to enable them to improve their quality assurance processes. The registered manager explained that all paper based audits such as monitoring of complaints, safeguarding, falls prevention, staff training audit, and other quality indicators such as nutrition, pressure sores which were previously completed on paper would now all be recorded electronically which would help them to identify trends and analysis more clearly. She told us they had received training on the new system which was linked to the electronic care plans to enable seamless reporting to take place.

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

- People and their relatives told us their views were heard and the provider engaged with them. They said,

"The best thing about the service here is the involvement of the carers, nurses and management. They are really kind people. It is not just a job, they really care."

● A stakeholder survey had been recently completed in January 2020. Comments from people were on display on a noticeboard for everyone to see and this included both positive areas and areas of improvement.
● The provider listened to feedback and took action where necessary. For example, it was felt that the residents/relatives meetings were not always well attended or an appropriate platform for people to share their experiences. In response to this, the registered manager told us she now held an open surgery, every week for people and their relatives to come in and speak to her.
● Relatives were kept informed about any changes through regular emails that were sent to them.
● Staff meetings took monthly and the minutes were emailed to all staff so that those who were not able to attend were aware of the issues discussed. Daily handover meetings took place to discuss any day to day issues and provide immediate feedback.
● Weekly management meetings between the registered manager and the Directors took place. The registered manager said she felt well supported, "They (Directors) are very supportive and helpful, they give me autonomy to make my own decisions."

Working in partnership with others
● The service was a member of the National Care Association which represents small and medium sized care providers, liaise with national Government at a political and departmental level; local Government and key stakeholder groups including the NHS and CQC.
● Other examples of collaborative working included working with community teams such as, local hospices, community teams and schools. A health professional said, "I am kept informed of the clinical condition of my patients via the weekly round and via email if concerns have arisen." Another said, "If I ask for information, [registered manager] is very good and coming back to me with accurate information."