

Children
And
Joint
Commissioning

Quality
Standard
Framework



Organisation

Four Seasons

Home

Warrior Park

Responsible Person

Val Halas

Date of Report

21 February 2024

Contracts and Quality Officer

Graeme Martin

Overview of Home

Warrior Park provides residential and nursing care for up to 48 residents.

The general standard of care at Warrior Park is satisfactory and staff display caring attitudes towards residents. Care plans are mostly person centred however there have been occasions during the latest period of review when some gaps in recording were identified.

National Early Warning Score (NEWS) usage during the latest period of review was poor. NEWS is a tool that the service has at its disposal and is important for the detection and response to clinical deterioration in residents.

Summary of Outcomes

Inconsistencies in documentation administration has exposed gaps in staff training compliance which potentially impacts a number of areas. Gaps were also identified in other areas of administration including the renewal of DBS checks for some staff, inaccurate or incomplete records relating to supervision and appraisal and a lack of robust monitoring processes for people who are subject to DoLS authorisations.

Overall, grade 1 status maintained.

Summary of Outcomes

Name of Home-Warrior Park

Date of Report - 21-Feb-2024

Person Centred Care

- 1 - Assessment & Review
- 2 - MCA & Consent
- 3 - DoLS
- 4 - Nutrition & Hydration
- 5 - Promoting Dignity, Autonomy & Choice

Determination

Fully Met

Fully Met

Fully Met

Fully Met

Fully Met

Safe Care and Treatment

- 6 - Safeguarding/Understanding Safeguarding
- 7 - Medication
- 8 - Infection Control
- 9 - Premises & Equipment
- 10 - Health & Safety
- 11 - Moving & Handling

Fully Met

Substantially Met

Fully Met

Fully Met

Fully Met

Governance

- 12 - Leadership & Management
- 13 - Staffing, Recruitment, Support & Learning
- 14 - Quality Assurance
- 15 - Complaints

Substantially Met

Fully Met

Substantially Met

Fully Met

Person Centred Care

1 - Assessment & Review

Determination - Fully Met

All people receiving the service have a written care plan that is monitored, periodically evaluated and reviews are recorded to ensure the information is up to date and accurate.

People's physical, mental health and social needs holistically are assessed, and their care, treatment and support is delivered in line with relevant legislation and guidance, to achieve effective outcomes.

People's care records are generally accurate, complete, legible, up-to-date, securely stored and available to relevant staff so that they support people to stay safe.

The service ensures that people are provided with the information and understanding about their healthcare and treatment options.

People are generally involved in monitoring their health.

People can access care, support and treatment in a timely way and referrals are made quickly to appropriate health services when people's needs change. However, usage of the National Early Warning Score (NEWS) tool remained poor in 2023 and showed no improvement from the previous year. The manager must ensure this improves in 2024.

People contribute to planning their care and support, with their strengths, levels of independence and quality of life are taken into account.

People's care plans generally reflect their physical, mental, emotional and social needs and incorporate their personal history, individual preferences, interests and aspirations. Care plans are understood by staff so people have as much choice and control as possible.

People's oral health needs are met and kept under review with professional guidance sought in a timely manner when required.

The service shares appropriate information and assessments with other relevant agencies for the benefit of people who use the service.

People's preferences and choices for their end of life care are recorded, reviewed and communicated and acted on where possible. Family, friends and other representatives are involved in planning, managing and making decisions about their end of life care including advanced decisions made in line with the Mental Capacity Act 2005. However, staff training in this area has fallen below what it should be and the manager must ensure all staff end of life care training is brought up to date as a matter of urgency.

The service ensures that it quickly identifies people in the last days of life whose condition may be unpredictable and change rapidly and, where required ensures that people have rapid access to support, equipment and medicines including from specialist palliative care professionals.

The service supports people's families, other people using the service and staff when someone dies.

The Home has demonstrated achievement of this outcome.

2 - MCA & Consent

Determination - Fully Met

Staff recognise when people need and want support from their carers, advocates or representatives to help them understand and be involved in their care, treatment and support and staff help people to get this support. However, a formal process to record when people have been visited, particularly those with RPR's, would make this process more robust. This was recommended to the home last year but has not been implemented.

The service provides information to people, their families and other carers about external bodies, community organisations and advocacy services that can provide independent support and advice about their care, treatment and support.

Staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and other relevant national guidance.

People are supported and are given the information and explanations they need to make their own decisions in line with relevant legislation and guidance.

Decisions around a person's possible lack of mental capacity are assessed and recorded.

When people lack the mental capacity to make a decision, staff ensure that best interest decisions are made in accordance with legislation.

The process for seeking consent is monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance.

There are arrangements for people to be involved in decisions about managing risks appropriately including positive risk taking.

Risk management policies and procedures are in place to minimise restrictions on people's freedom, choice and control, in particular for people who lack mental capacity.

Staff are trained to understand, prevent and manage people's behaviour that challenges whilst ensuring the individual is supported appropriately.

The service identifies and meets the information and communication needs of people with a disability or sensory loss. Information is recorded, highlighted and shared with others when required with the consent of the person.

The Home has demonstrated achievement of this outcome.

3 - DoLS

Determination - Fully Met

The service promotes supportive practice that avoids the need for physical restraint, however where physical restraint is necessary, the service ensures that it is used in a safe, proportionate, and monitored way as part of a person-centred support plan.

Staff recognise when people who lack mental capacity, are being deprived of their liberty and they seek authorisation to do so when considered necessary and proportionate.

All staff are trained to understand the difference between lawful and unlawful restraint practices. Action is taken to minimise the use of restraint.

Management & staff would generally recognise if someone hadn't been contacted recently but a formal process to record when this has happened, particularly those with RPR's, would make this process more robust.

Care plans contain the most up to date Conditions attached to deprivation of liberty safeguards (DoLS) authorisations.

However, no DoLS matrix was maintained which would make this process more robust.

Management has oversight on the process to ensure where a restriction may actually amount to a deprivation of liberty.

The Home has demonstrated achievement of this outcome.

4 - Nutrition & Hydration

Determination - Fully Met

People are involved in decisions about what they eat and drink and their cultural and religious preferences are recorded, reviewed and acted upon.

People have access to dietary and nutritional specialists to help meet their assessed needs if required.

People receive prompts and encouragement to eat when needed and people enjoy mealtimes and do not feel rushed.

Risks to people with complex needs or lack capacity are identified and managed in relation to their eating and drinking.

All relevant staff have completed food hygiene training and the correct procedures are in place and followed wherever food is prepared and stored.

People have accurate nutrition and hydration assessments for eating and drinking which are carried out by knowledgeable staff.

Where people require support with eating such as encouragement and prompting, this is done in a compassionate way that maximises people's independence and maintains their dignity.

The service is aware of specialist diets, allergies, choking risks and lifestyle choices, and these are recorded, kept up to date and shared as appropriate.

People have access to specialist equipment in a timely manner to meet their assessed need.

Drinks are offered throughout the day and when required people's intake is monitored to ensure their assessed needs are being met. Snacks are offered outside of mealtimes and are available any time of day upon request.

People can choose the location of where they eat including the dining room, their own room or communal areas and are supported to do so.

People are offered a choice of food and drink and this is served at an appropriate temperature.

Residents can choose to eat in their bedroom or communal area and they are checked on regularly.

The Home has demonstrated achievement of this outcome.

5 - Promoting Dignity, Autonomy & Choice

Determination - Fully Met

Staff show concern for people's wellbeing in a caring and meaningful way and respond to their needs in a timely manner on a day to day basis.

The service makes sure that people, and those close to them, feel like they matter, and that staff listen to them and talk to them appropriately and in a way they can understand.

People are actively involved in developing the service including: • deciding how they choose to spend their day • planning activities and outings • decisions around personal care and how and when help is provided • devising menus and the timing and place of meals, and • people are consulted when alterations to their living space is planned.

Staff seek accessible ways to communicate with people (when their protected and other characteristics under the Equality Act make this necessary) to reduce or remove barriers.

Staff know the people they are caring for and supporting, including their preferences, personal histories and backgrounds.

Staff make sure that people's privacy and dignity needs are understood and respected including during personal care.

People receive support to be independent. Their wishes are recorded, reviewed and acted upon wherever possible.

People's relatives and friends are made to feel welcome and are able to visit without being unnecessarily restricted. There are arrangements to encourage relatives and friends to provide feedback on the service.

Processes are in place to ensure there is no discrimination when making care and support decisions.

People are supported to follow their interests and take part in activities that are appropriate to them including in the wider community.

The service ensures that people are encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community to avoid social isolation.

The service has a nominated Dementia champion(s) who oversee standards in the service.

The Home has demonstrated achievement of this outcome.

Safe Care & Treatment

6 - Safeguarding/Understanding Safeguarding

Determination - Fully Met

Safeguarding systems, processes and practices are in place, staff are aware and any updates are communicated to staff.

Systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect.

Staff can recognise signs of potential abuse and know what to do when abuse is suspected. However, staff training in this area has fallen below what it should be and the manager must ensure all staff safeguarding training is brought up to date as a matter of urgency.

Processes are in place to ensure people are protected from discrimination, harassment and abuse, in line with the Equality Act. However, staff training in this area has fallen below what it should be and the manager must ensure all staff equality & diversity training is brought up to date as a matter of urgency.

People are supported to understand what safeguarding means, and they are encouraged to raise any concerns.

If people are subject to a safeguarding investigation, they are supported during this process.

Staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.

There are processes for reviewing and investigating safeguarding incidents when incidents occur. All relevant staff, services, partner organisations and people who use services are involved in reviews and investigations.

Safeguarding investigations, reviews and audits ensure lessons can be learned to improve how care, treatment and support is delivered.

The Home has demonstrated achievement of this outcome.

7 - Medication

Determination - Substantially Met

The medication outcome has been assessed by the Medicines Optimisation Service further information can be found in the Assessment Report dated 07-Nov-2023 appended to this report.

The home must work to the action plan set by the Medicines Optimisation team as the follow up audit showed the home had not completed the actions set previously. Any improvements made need to be sustained going forward.

The home must ensure that monthly medication incident logs are submitted in a timely manner.

The Home has not demonstrated achievement of this outcome.

There has been examples of poor documentation and record keeping especially around administration of topical creams.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

8 - Cleanliness and infection control

Determination - Fully Met

There are arrangements for making sure that premises are kept clean and hygienic so that people are protected from infections that could affect both staff and people using services. This includes:- Up to date Policy and procedure- Necessary resources- Risk Assessments- Cleaning Records/Schedules- Quality Audits

However, staff training in this area has fallen below what it should be and the manager must ensure all staff safeguarding training is brought up to date as a matter of urgency.

Staff understand their roles and responsibilities in relation to infection control and hygiene and providers support with this.

Policies and procedures are maintained and followed in line with current relevant national guidance.

The service ensures that it alerts the right external agencies (e.g. HBC, visitors and professionals) to concerns around infections that affect people's health and wellbeing.

The Service completes regular Hand Hygiene documentation and has a designated IPC Champion who has attended the IPC Study Day. The Service has up to date IPC workbook/training.

The Service provides and maintains a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

The Service engages with and updates the Infection Control Nurses when required.

The Home has demonstrated achievement of this outcome.

9 - Premises & Equipment

Determination - Fully Met

Technology is used to support people to receive timely care and support and is easy to use. However, usage of the National Early Warning Score (NEWS) tool remained poor in 2023 and showed no improvement from the previous year. The manager must ensure this improves in 2024.

Equipment, which is owned or used by the provider, is managed to support people to stay safe.

The premises and safety of communal and personal spaces (such as bedrooms) and the living environment are checked.

However, lounge areas are sometimes used to store wheelchairs when they are not in use which could potentially present a safety hazard. The manager needs to ensure that this doesn't happen and explore other options for storing equipment.

There is some evidence that lessons are learned and shared to make sure that action is taken to improve safety across relevant parts of the service.

The service has arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations and reviews. Information is shared to staff when appropriate.

People are involved in decisions about the environment. Any changes to the environment are managed to avoid causing distress to people who live there.

People have access to appropriate spaces: • in gardens and other outdoor spaces • to see and look after their visitors • for meaningful activities • to spend time together • to be alone.

The signage, decoration and other adaptations to the premises are now in need of a refresh and update to help to meet people's needs and promote their independence.

Staff with responsibility for maintaining equipment are appropriately trained to ensure it is fit for purpose.

There are plans for responding to emergencies or untoward events, and these are understood by all staff.

The Home has demonstrated achievement of this outcome.

10 - Health & Safety

It has not been possible to complete the Health & Safety Assessments and verification in the usual way for inclusion in the QSF. The home has therefore been awarded a notional 30 points which is the maximum points available for health & safety. The Council will continue to progress the assessments outside of the QSF reporting process.

11 - Moving & Handling

Determination - Fully Met

There is an up to date Moving and Handling Policy in place.

People who use the service are assessed in relation to their mobility needs and referrals are made to specialist agencies in a timely manner. Services using specialist equipment include an OT assessment.

The service ensures that risk assessments are robust and appropriate.

There is professional instruction/task guidance detailed in people's support plans, which is in date and followed by staff.

People are encouraged to assist, where safe to do so, in their own transfers.

When support is being given to move people, reassurance is given in a compassionate manner by staff.

Due to poor record keeping it is not possible to determine how many staff have up to date Moving & Handling Training or who has received practical observation for a competent staff member.

Equipment is checked, maintained and serviced to ensure it is safe for staff and people to use.

Moving and handling equipment is used in accordance with manufacturers guidance.

There been no near misses or accidents whilst hoisting in the last 12 months.

The Home has demonstrated achievement of this outcome.

Governance

12 - Leadership & Management

Determination - Substantially Met

There is a registered manager in post.

There are arrangements including within the rotas, for making sure that staffing levels are sufficient, staff have the right mix of skills, qualifications, experience and knowledge. However due to poor record administration, it is not possible to clarify exactly what training staff have received during the last year. Initial information provided by the Regional Manager indicates that staff compliance is poor.

The manager must ensure that this is addressed as a matter of urgency to ensure people's individual needs are met safely.

Managers are not always aware of the day-to-day culture in the service including the attitudes, values and behaviour of staff.

The service promotes and supports fairness, transparency and an open culture for staff but more emphasis could be placed on gathering feedback and listening to feedback and where possible implementing positive actions when appropriate.

Following discussions with some staff members it is evident that not all felt like they are supported, respected and valued.

The service shows honesty and transparency from all levels of staff and leadership following an incident. This is shared with people using the service and their families in line with the duty of candour. The service ensures people are supported when incidents occur.

Leaders have the skills, knowledge, experience and integrity they need to lead and inspire staff effectively.

The service has a clear vision and set of values and leaders make sure that these are promoted and understood by staff and embedded into practice.

The organisation promotes equality and inclusion within its workforce and however due to poor documentation administration it is not possible to determine what training staff have undertaken to support this.

The registered manager understands their responsibilities and are supported by the regional manager and the provider to deliver what is required.

All relevant legal requirements are understood and met, including CQC registration requirements, safety and public health related obligations, and the submission of notifications.

Sometimes staff are actively involved in developing the service but more could be done in this area.

The service works in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care and does so in an open, honest and transparent way.

The service has clear disciplinary procedures which are followed when it identifies that staff are responsible for unsafe practice.

The Home has not demonstrated achievement of this outcome.

Due to poor record keeping and some records not being updated in a timely manner, it is not possible to determine how the home is performing in a number of key areas.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

13 - Staffing, Recruitment, Support & Learning

Determination – Fully Met

All staff have received appropriate induction upon commencement of employment.

Most staff have received effective training in safety systems, processes and practices but the manager must ensure this applies to all staff.

Staff generally receive feedback from managers in a way which enables them to know what action they need to take.

The service makes sure that responsibility and accountability is understood at all levels with clear and transparent processes in place for staff to account for their decisions, actions, behaviours and performance.

Staff are supported and protected when raising concerns and questioning practice including whistle-blowers.

The service does promote safety within recruitment checks when someone starts working at the service, however in 2023 some staff DBS checks were found to have lapsed without any robust procedures in place to monitor this. Staff training had also lapsed in a number of key areas or it was not possible to establish what training had taken place due to poor record administration.

Staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress.

People have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience however some areas of annual staff training fell below the level it should be.

Staff are supported to keep their professional practice and knowledge updated in line with best practice.

Due to poor administration, it was not possible to clarify if staff had received regular supervision and appraisal.

Staff and teams generally work collaboratively, share responsibility and resolve conflict quickly and constructively.

There are effective systems of communication to ensure information is shared timely and appropriately so staff can carry out their roles and responsibilities effectively.

The service generally gives staff the time, training and support they need to provide care and support in a compassionate and personal way however, inconsistent administration made it difficult to establish what information was up to date.

The Home has demonstrated achievement of this outcome.

14 - Quality Assurance

Determination - Substantially Met

The service maintains a log of whistleblowing, staff concerns, safeguarding and accidents or incidents and investigates each incident accordingly. Actions following such occurrences are generally developed and monitored to ensure actions are completed.

When incidents occur they are always investigated but more emphasis could be placed on analysis to look for common themes and trends.

Processes and the recording of information need to be more robust to ensure that the approach to quality is integral and all staff are aware of potential risks that may compromise quality.

The service generally enables and encourages accessible open communication with all people who use the service including their family, friends, staff and representatives but further development of this in 2024 ensure the process is more robust.

People's views and experiences are sometimes gathered and acted on to shape and improve the services and culture but further development in this area in 2024 would make the process more robust.

Generally resources and support is available to develop staff and teams and drive improvement.

Some quality assurance systems are in place but procedure could be more robust to enable the service to evaluate and learn from current performance ensuring continuous improvement and to improve future performance.

Sometimes success and innovation is recognised, encouraged and implemented.

The service ensures that the delivery of care, treatment and support is in line with current local and national guidance.

The provider is accredited as standards are met or approaching standards in the DPST Toolkit.

The Home has not demonstrated achievement of this outcome.

Inconsistent recording or records not being updated in a timely manner has identified potential gaps in staff training, supervision & appraisal, DBS monitoring and DoLS monitoring. The manager must address this as a matter of urgency as it was not always possible to review records which contained the most up to date information.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

15 - Complaints

Determination - Fully Met

People who use the service are provided with information on how to make a complaint or raise concerns and this is regularly promoted.

The complaints process is accessible, is easy for people to raise a concern or complaint and is encouraged.

There is a formal log of complaints which is kept up to date. Complaints are handled effectively with openness, transparency and confidentiality. The complainant receives regular updates, a timely response and an explanation of the outcome including the appeals process.

People who raise concerns or complaints are protected from discrimination, harassment or disadvantage and are supported throughout the process.

Concerns and complaints are used as an opportunity to learn and promote continuous improvement and examples of this were evidenced.

The Home has demonstrated achievement of this outcome.

Date	Home	Total Points	Outcome of assessment	No. of points achieved
14 February 2024	Warrior Park			
Person Centred Care		270		270.0
	1 - Assessment & Review	70	Fully Met	70.0
	2 - MCA & Consent	70	Fully Met	70.0
	3 - DoLS	30	Fully Met	30.0
	4 - Nutrition & hydration	70	Fully Met	70.0
	5 - Promoting Dignity, Autonomy & Choice	30	Fully Met	30.0
Safe Care and Treatment		260		232.0
	6 - Safeguarding/Understanding Safeguarding	70	Fully Met	70.0
	7 - Medication	70	Substantially Met	42.0
	8 - Infection Control	30	Fully Met	30.0
	9 - Premises & Equipment	30	Fully Met	30.0
	10 - Health & Safety	30	Fully Met	30.0
	11 - Moving & Handling	30	Fully Met	30.0
Governance		220		164.0
	12 - Leadership & Management	70	Substantially Met	42.0
	13 - Staffing, Recruitment, Support & Learning	70	Fully Met	70.0
	14 - Quality Assurance	70	Substantially Met	42.0
	15 - Complaints	10	Fully Met	10.0
Environmental Standards		250		200.0
Total of Overall Outcomes				
	Fully Met	11	78.6%	
	Substantially Met	3	21.4%	
	Partly Met	0	0.0%	
	Not Met	0	0.0%	
	**To be recorded	0	0.0%	
	Total	14		
Total Points	Person Centred Care	270.0		270.0
	Safe Care and Treatment	260.0		232.0
	Governance	220.0		164.0
	Environmental Standards	250.0		200.0
		1000		866
	Banding :	Grade 1		