

Margaret Rose Care Limited

# Warberries Nursing Home

## Inspection report

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Date of inspection visit:  
29 March 2016  
30 March 2016  
28 April 2016

Date of publication:  
19 May 2016

## 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

Warberries Nursing Home provides nursing, care and accommodation to up to 49 older people who may also be living with dementia. On the day of inspection there were 30 people living at the service.

This unannounced inspection took place on 29, 30 March and 28 April 2016. The service was last inspected on 19 and 20 November 2014 when it was rated overall as 'Requires improvement'. This was because people were not involved in identifying their needs and how they wanted to be supported. People's preferences were not sought and activities did not reflect people's interests and hobbies. Also, although there were good quality assurance systems in place, not enough time had passed for some of these changes to be fully embedded into practice. At this inspection in March and April 2016 we found that improvements had been made.

There were two managers registered in respect of the service. However, the registered provider had notified us that neither now works at the service. A new manager had been appointed and had submitted an application to register as manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's needs were met in a safe and timely way as there were enough staff available. There was a relaxed and unhurried atmosphere in the home which indicated there were enough staff on duty.

Staff ensured people received care and support that was responsive to their needs. People's care plans contained details of how people's needs were to be met and were reviewed regularly.

People's privacy and dignity was respected and all personal care was provided in private. People's needs were met by kind and caring staff. People told us how kind and caring staff were to them and how much they enjoyed living at Warberries. One person said "I love it, utterly adore it". Staff asked people for their consent before they provided personal care. Staff spoke about people in a respectful, confidential and friendly manner. People were assisted with care tasks in gentle and caring ways.

People and their relatives could be involved in making decisions about their care if they chose. Care plans were reviewed regularly and updated as people's needs and wishes changed. Daily records showed that people's needs were being met. For example there were details of when specific health care needs were attended to.

Staff received training that helped them meet people's needs. Training included topics such as moving and transferring, safeguarding people, infection control and dementia care. One staff member told us all the training had 'boosted' the way they felt about their job.

People were supported to maintain a healthy balanced diet. People told us the food was good and one person told us they were fed too well and always seemed to be going to a meal.

There were effective systems in place to manage people's medicines. People's rooms had been fitted with lockable medicine storage cupboards and their individual medicines were stored in these. People had access to healthcare professionals such as GPs as and when required.

People who were able to, told us they felt safe at the home. People were protected from the risks of abuse as staff knew how to recognise and report abuse. Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

The manager was very open and approachable. Staff told us "[the manager] is lovely, you can go to them at any time". People were confident that if they raised concerns they would be dealt with efficiently. There were effective quality assurance systems in place. An external person had independently audited the service to support its future development and improvement. The service had recently signed up to the Social Care Commitment. This is a Department of Health initiative to provide high quality care throughout the adult social care sector.

## 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.

People's needs were met in a safe and timely way as there were enough staff available.

There were effective systems in place to manage people's medicines.

People were protected from the risks of abuse as staff knew how to recognise and report abuse.

Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised.

### Is the service effective?

Good ●

The service was effective.

Staff received training that helped them meet people's needs.

People were supported to maintain a healthy balanced diet.

People were asked for their consent before staff provided personal care.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring.

People's needs were met by kind and caring staff.

Staff ensured people's privacy and dignity was respected and all personal care was provided in private.

People and their relatives could be involved in making decisions about their care if they chose.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff ensured people received care and support that was responsive to their needs.

People's care plans contained details of how people's needs were to be met and were reviewed regularly.

People were confident that if they raised concerns they would be dealt with.

There were regular activities available for people to participate in.

### **Is the service well-led?**

**Good** ●

The service was well led.

The manager was very open and approachable.

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

# Warberries Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29, 30 March and 28 April 2016 and was unannounced.

On the first day of inspection the team consisted of a social care inspector and a specialist nursing advisor. One social care inspector continued on the second and third days of the inspection.

Before the inspection we gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider. Prior to the inspection, the registered provider and manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experience, including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We met, spoke with or spent time with the majority of people using the service, one visiting relative, a volunteer and eight staff. The manager was available throughout the inspection. Following the inspection we received emails from four health and social care professionals.

We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included six people's care records, the provider's quality assurance system, accident and incident reports, staff records, records relating to medicine administration and staffing rotas.

## Is the service safe?

### Our findings

People were protected from the risks of abuse. Not everyone was able to tell us if they felt safe at the home. However, we saw interactions between people and staff that indicated people felt safe. For example, people smiled when staff approached them and there was laughter and chatter between them. People who were able to, told us they felt safe at the home.

Seven of the eight staff we spoke with demonstrated a good knowledge of different types of abuse and had received training in keeping people safe. They told us how they would recognise abuse, and what they would do if they suspected abuse was occurring within the service. They said they would initially tell the manager and had every confidence any concerns would be dealt with swiftly. One newly appointed staff had not received training but had been given contact details for the local safe guarding team and also knew to contact CQC with any concerns.

Recruitment practices ensured, as far as possible, that only suitable staff were employed at Warberries. We looked at three staff files. All contained the required pre-employment documentation including police checks, photo identity and references. They also contained an application form with a full work history.

People's needs and risks were assessed before admission to the home. Individual risk assessments contained good details on how risks were managed. Moving and transferring, falls, nutrition and pressure area assessments were in place and had been updated when risks had changed. Pressure relieving equipment and falls monitoring equipment was used when needed to minimise identified risks. Audits of falls clearly identified any patterns that could be used to prevent a reoccurrence. The cook had recently undertaken training on presenting food in a variety of different consistencies depending on the needs of the individual. This reduced the risk of choking for people who had a delayed swallow.

There were sufficient staff on duty. Rotas showed there were six care staff and one registered nurse on duty from 8am to 8pm every day of the week. Other staff such as the manager, cleaners, maintenance staff and kitchen staff were also available. From 8pm to 8am there were three care staff and a registered nurse on duty.

Staff and people living at the home all told us they thought there were enough staff on duty at all times. Throughout the inspection we saw and heard staff attending to people's needs in a timely way. There was a relaxed and unhurried atmosphere in the home which indicated there were enough staff on duty.

Medicines were stored safely and records were kept for medicines received and disposed of. People's rooms had been fitted with lockable medicine storage cupboards and their individual medicines were stored in these. Stock medicines were stored in secure cupboards on the ground and first floors. Staff collected the medicines from the locked cupboards and took them to the person wherever they were sitting, if not in their bedrooms. We saw that staff were gentle and polite when administering medicines. Staff spent time explaining to one person what their medicines were for and respected their right to refuse them.

Records of medicines administered orally confirmed people had received their medicines as they had been prescribed by their doctor. However, records for the administration of topical creams were not always fully completed. This meant people may not always have their creams and lotions applied as prescribed. We discussed this with the manager who told us they would ensure staff completed the forms correctly. An independent person from a care and training consultancy had recently completed a full audit of medicines and their administration. This had highlighted staff training in administering medicines needed updating. Training had been completed by registered nurses and care staff on 14 April 2016. There had been no medicine errors since the last inspection. There were clear directions for staff relating to the administration of medicines where there were particular prescribing instructions. For example, when medicines needed to be administered at specific times or with a variable dose.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for everyone living at the home. Each plan contained details of how staff would evacuate the person in the event of an emergency such as a fire.

All equipment was regularly checked and servicing and maintenance contracts were in place to ensure the equipment remained safe to use.

People were protected by the prevention and control of infection. Staff had received training in this area. We were told that each person who required a moving and handling sling or slide sheet had their own individual equipment. This reduced the risk of cross infection. We saw staff wearing disposable gloves and aprons where appropriate, which was good infection control procedure.

## Is the service effective?

### Our findings

People living at Warberries had needs relating to living with dementia, mobility and general health. At our inspection in November 2014 we found that staff had not in all cases received adequate training to ensure they had the skills and competencies to meet people's needs. At this inspection in March and April 2016 we found that improvements had been made.

Staff had received a variety of training to help them meet people's needs. The training included topics such as moving and transferring, safeguarding people, infection control and dementia care. Training was provided to staff either 'in-house', by visiting specialists or by staff attending external courses. One staff member told us all the training had 'boosted' the way they felt about their job. In order to ensure they maintained their knowledge to keep their registration, the nurses told us they had attended specialist training courses.

All staff were completing the care certificate. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support. All staff new to care have to complete the care certificate within 12 weeks of them starting work. Warberries were using the care certificate as a means of refreshing and updating staff knowledge.

Not all staff received regular individual supervision or annual appraisals. The manager was aware of this and had put a new system in place to address this. Staff told us and records confirmed that regular staff meetings where staff could discuss any issues. Staff told us they felt well supported by the manager and could speak with senior members of staff at any time.

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.

Staff were aware of the principles of the MCA and that everyone was assumed to have capacity unless they had been assessed otherwise. Throughout the inspection we heard staff asking people for their consent before providing personal care. Staff told us they always asked people if they were happy for them to provide care.

Many people living at Warberries were living with dementia and this could affect their ability to make decisions about their care and treatment. Where people had been assessed as not having the mental capacity to make decisions, meetings had been held in order to decide what was in the person's best interest. For example, one person was living with a level of dementia that reduced their capacity to make decisions about their care. Records showed that discussions had been held between staff, relatives and health care professionals about whether it was in the person's best interests to take their medicines. The decision was made that it was in the person's best interest to receive their medicines and that they should

be administered covertly.

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. The application procedures for this in care homes and hospitals are 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 were being met. People's liberty was only restricted when there was no other means of keeping them safe. Staff were aware that any such restrictions should be properly authorised and always be the least restrictive option. A lock on the front door was used to prevent people leaving the home. This was because it was unsafe for most people to leave the home without someone with them. The manager had made applications to the local authority to deprive some people of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority no authorisations had been granted at the time of the inspection.

People were supported to have enough to eat and drink. Jugs of water and juice were placed around the home for people to help themselves to. Staff frequently offered people snacks and tea or coffee. However, we looked at the fluid intake charts for people identified at risk of dehydration. People received regular and sufficient amounts of fluid but the total amount people had had to drink throughout the day had not been recorded. This meant it was not possible to easily see if people were receiving enough to drink.

People told us the food was good and one person told us they were fed too well and always seemed to be going to a meal. The food at lunchtime was well presented. For people who required their food pureed the meat and vegetables were individually pureed and separated on the plate. The cook told us they would fortify food when people were at risk of malnutrition and would prepare other special diets such as gluten free and weight control if needed. They were waiting for a new kitchen porter to start so they would have more time to have a daily visit with each person. A member of kitchen staff spoke with each person daily to ask which of the two main options they preferred. Where people needed support with eating and drinking this was provided in a respectful manner.

Staff ensured they contacted healthcare services when people needed them. Records showed people had seen their GPs and other health and social care professionals as needed. Following the inspection we received an email from a healthcare professional who regularly visited Warberries telling us they had no concerns about the service.

We spent some time walking about the home completing the King's Fund tool with the manager. The King's Fund tool looks at how suitable the environment is for people living with dementia. We found that some of the suggestions of the tool were in place. For example, there was a variety of seating available including settees as well as single chairs and there was a dedicated quiet area. However, some areas of the home were in need of redecoration and updating. Paintwork in the hallway needed 'touching up'. The manager told us the provider had employed a specialist firm to replace some doors to make them more recognisable for people living with dementia. They also said improvements were underway to redecorate some areas of the home. Some signage to help people find their way around the home was in place and more was planned.

## Is the service caring?

### Our findings

People were supported by caring staff. All the interactions we saw between people and staff were positive. Staff were seen supporting people in an easy, unrushed and pleasant manner. People told us how kind and caring staff were to them and how much they enjoyed living at Warberries. One person said "I love it, utterly adore it". There was much fun, laughter and appropriate banter between staff and the people they supported. Staff carried out their duties in a caring and enthusiastic manner. One person told us staff were all "lovely" and "Always very polite".

All staff carried out their duties in a caring and enthusiastic manner. Each time staff walked into the lounge they took time to speak with people. They asked if people wanted or needed anything and offered a choice of drinks.

Staff treated people with dignity, respect and kindness. For example, staff addressed people with their preferred name and spoke with respect. People responded to this by smiling and engaging with staff in a friendly way. We heard one staff member reassuring a person about their medicines. The person was spoken with respectfully and given time to air their concerns. One person was nervous due to staff having to use equipment to transfer them safely and this made them anxious. Staff provided comfort to them by speaking to them in a calm and reassuring manner.

Staff spoke about people in a respectful, confidential and friendly manner. People were assisted with care tasks in gentle and caring ways. All personal care was provided in private. People were supported by staff who knew them well. They were able to tell us about people's preferences. For example, staff knew what people liked to eat and when they liked to get up and go to bed. People looked clean, well-cared for and well dressed.

Not everyone living at Warberries wanted to be involved in planning their care and were happy for staff or their representatives to do that. Some care plans contained signatures of the person or their representative indicating they were happy with the care provided.

People told us staff often asked them for their views about their care. One person told us they had been involved in completing their care plan and had recently completed a questionnaire that asked for their opinion on their care. Another person told us they often went to the office and chatted with the manager about their care.

People were supported to maintain contact with their families where possible and if they wanted to do this.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

## Is the service responsive?

### Our findings

At our inspection in November 2014 we found that care records were not personalised and did not provide evidence that people's needs were being met. Activities were not always meaningful and planned in line with people's interests. At this inspection in March and April 2016 we found improvements had been made.

People's needs were assessed before and while living at Warberries. Care plans were developed following the assessments and contained good descriptions of people's needs. Staff told us people's care plans contained all the information they needed to be able to care for the person in the manner they wished. Care plans were reviewed regularly and updated as people's needs and wishes changed. Daily records showed that people's needs were being met. For example there were details of when specific health care needs were attended to.

Staff were aware of people's needs and how they wished their needs to be met. This meant people received individualised personal care and support delivered in the way they wished. People confirmed that staff knew what their needs were and how they liked them to be met. One person told us staff were always willing to help and said "It doesn't matter what you want". Another person said staff were "Excellent, can't fault one of them". One person told us they had decided to move into Warberries because of the "Staff, facilities and owners". They said they had heard good reports of the home and "Everything has proved to be so".

Staff responded to people's needs in a sensitive manner. For example a staff member recognised when one person wanted a drink and then offered one to them. Staff spoke in a calm and gentle manner. At lunch time one staff member was helping a person to eat. They sat down at the same level with the person, showed them the meal before assisting them and made conversation during the process.

Staff displayed empathy for people as well as a good knowledge of their needs and histories. For example, one staff member recognised that a person's eating habits may have stemmed from their war time experiences.

Two staff members had recently been appointed 'Dementia Champions' and were to attend a series of events at a local hospice. The aim of 'Dementia Champions' is to improve the quality of care provided to people living with dementia.

A recent survey of relatives had highlighted they felt more activities could be provided and this is being addressed by the manager. An activities co-ordinator was employed at the home and was currently meeting with people to work on 'Social, Cultural and Spiritual care plans'. These plans would identify people's needs and wishes in these areas.

Activities currently on offer include visiting entertainers and animals. One person living at the home regularly played their key board in the main lounge to entertain other people. A games table had recently been purchased that would enable people a choice of 34 games to play including table football and chess. One person enjoyed painting and their art work was displayed around the home.

A monthly newsletter, 'Warberries Witterings' was produced to keep people up to date with what had been happening in the home and any planned activities and events.

One person told us they had recently been elected chairman of the newly formed 'Warberries Social Committee'. They told us when they had suggested the idea, they did not think they would be given the role of chairman. They were looking forward to planning the St George's day celebrations. They were planning on holding regular meetings with other people living at the home to discuss events and activities.

The home had a small shop that sold chocolates, sweets and toiletries. Any profits that were made were put into the 'residents' fund' and used to purchase items such as the games table. The shop was run by a volunteer who visits Monday-Saturday. They told us they were "proud of the standard here in the home" and "proud to say that I am a volunteer here".

The registered manager took note of, and investigated any concerns raised. Three complaints had been received in the last year. These had been recorded in the complaints file and had been investigated and concluded satisfactorily. People told us they felt able to raise any concerns. They said they would talk to staff or the manager if they were unhappy.

## Is the service well-led?

### Our findings

Warberries Nursing Home provides nursing, care and accommodation to up to 49 older people who may also be living with dementia. There were two managers registered in respect of the service. However, the registered provider had notified us that neither now works at the service. A new manager had been appointed and had submitted an application to register as manager.

At our previous inspection in November 2014 we found although there were good quality assurance systems in place, not enough time had passed for some of these changes to be fully embedded into practice. At this inspection in March and April 2016 we found these systems were being updated and improved.

The manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

There was a positive and welcoming atmosphere at the home. Staff told us they thought there was an open culture in the home. One staff member said they thought the home was "improving the quality of life" for the people living there. Another member of staff told us they had initially worked at the home as an agency staff member. They said they had applied to work at the home permanently because it was "Caring, friendly and an all-round lovely home".

All staff told us that they found the manager to be very approachable and very supportive. Comments included "[the manager] is lovely, you can go to them at any time". One staff member told us the home had improved a lot and felt that was due to the manager. Another staff member told us that since the manager had been appointed everyone was working to make Warberries a 'home from home'.

Prior to the inspection the manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR told us the manager planned to improve the appraisal system to further define staff roles and highlight when staff are ready to progress further. The PIR also said the manager would continue to develop the audit systems to ensure all aspects of the service were reviewed regularly. They manager told us their practice and knowledge base was kept up to date by using sources such as trade magazines like Caring Times.

The service had recently signed up to the Social Care Commitment. This is a Department of Health initiative to provide high quality care throughout the adult social care sector.

Staff told us regular meetings were held and they were able to make suggestions for improvements. For example, one staff member told us they had suggested holding 'movie evenings' and 'bingo afternoons' which were being planned.

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of weekly and monthly audits were undertaken. For example, call bells were checked weekly and care plans, accidents and complaints were audited each month. An independent person from a care and training consultancy had recently completed a full audit of the home as the manager wanted an 'external eye' cast over the service. Issues highlighted by the audit included training for staff in administering medicines. The same person had also sent out a series of questionnaires to people living at the home, their supporters and health and social care professionals. Following the inspection we received an email from the auditor who wrote 'I have found them [Warberries] exceptionally open to feedback and development suggestions to raise and improve standards'.