Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Warberries Nursing Home

Lower Warberry Road, Torquay, TQ1 1QS

Tel: 01803294563

Date of Inspection: 21 February 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Safety and suitability of premises	✓ Met this standard
Supporting workers	✗ Action needed

Details about this location

Registered Provider	Margaret Rose Care Limited
Registered Manager	Mr. Nigel Morris
Overview of the service	Warberries Nursing Home provides nursing, care and accommodation to people with needs related to old age and dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We carried out this review as part of our scheduled programme of inspection. We also wanted to follow up on some information of concern received from the service and from the local safeguarding team.

The home was undergoing major refurbishment. This included rebuilding a part of the home, refurbishing the kitchen and replacing roofs. Electrical, heating, water systems and flooring had been replaced. The garden was being redesigned and landscaped. During this process the home had remained open. People said the refurbishment was not affecting them, although they would be pleased when they could see the results. There was no evidence that the refurbishment was affecting people's health, welfare or safety.

A recent training and skills audit undertaken by the provider had demonstrated that robust systems were not in place to ensure that staff had the training, skills and supervision needed to meet people's needs. People told us that care workers and nurses were "always patient and helpful" and were "good girls". The management team had found that some staff had poor attitudes. Measures had been taken to address this, and progress was being made. However, these measures were in the early stages of implementation. During our inspection two care workers declined to answer call balls because they were having their break. The provider explained that this was the type of staff attitude they were determined to change.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 03 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People using the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The Warberries, a Grade II listed building, was undergoing major refurbishment and rebuilding, both internally and externally at the time of our inspection. The provider had a five year development plan for this project. When we visited the home one part of the home was closed off, as it was being rebuilt. The heating and hot water systems had been replaced. The electrical system had been upgraded. The replacement of the roofs was ongoing. Bedrooms were being refurbished, flooring was being replaced and the hall flooring had been restored.

Plans for the garden redevelopment had involved designers from dementia care specialist services, and completion of this project was planned for April 2013. Whilst work was ongoing the garden had been closed off. The resurfacing of the staff car park had been completed and the visitor's car park was being extended and resurfaced.

This work was ongoing whilst people were living at the home. We talked with people about this. They said the work was causing little or no disruption to them. One person said they were looking "forward to the finished project", another person said "it's all being done bit by bit, but I don't notice really".

We saw that people had room to move around the home and there were many seating areas where people could sit. Objects such as books and magazines were available for people to engage with in these areas. There was a large fish tank and seating area in the hall. Aids were available to assist people with reduced mobility. This included a through floor lift, raised seating and hand rails.

Procedures were in place to deal with emergencies. These included an evacuation plan for each person in case of fire. The contact details for plumbing and electrical services, including out of hours services, were easily available. A contract for the management of waste was in place, and we saw that waste was appropriately stored.

We saw that there was a process for learning from relevant safety incidents. For example,

one person had fallen against an uncovered radiator, because the cover had been removed. As a result of this the provider had ensured that all radiators were covered with covers that could not be removed without tools.

Records showed that weekly fire alarm testing took place and staff were familiar with the procedures to follow in case of the fire alarm sounding. The local fire and rescue service had visited the home in October 2012 and, subject to some recommendations, judged the home to be compliant with fire safety law. The provider reported the recommendations had been acted upon.

The provider reported that he continued to risk assess the property as changes were made to it. For example, the replacement of some flooring resulted in some manual and battery operated door holders no longer working. The provider had taken action to address this in the short term. He reported that in the longer term all door holders would be replaced and linked to the electrical system. The provider may find it useful to note that we saw one fire door did not close properly. We did not carry out a full audit of fire doors, and reported this issue to the provider during our inspection.

The kitchen at the home had recently been inspected by the environmental health department. As a result of this visit, the provider reported that an almost complete refurbishment of the kitchen had been undertaken. The provider reported that a new cook had been employed. We saw that many systems had recently been put in place to ensure the kitchen was clean and safe. Systems included cleaning schedules and records relating to the monitoring of fridge and freezer temperatures.

Arrangements were in place to ensure the premises were secure. For example, all external doors were locked and people had to knock the front door before entering. Staff told us that night time security checks were in place.

Supporting workers ✖ Action needed

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

Staff were not fully supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People spoke highly of the care workers and nurses who worked at this home. They said they were "always patient and helpful" and were "good girls".

The management team had recently carried out an audit of issues relevant to staff training, supervision and skills, in response to an incident in the home. The manager had made a safeguarding alert and informed CQC. The management team found that improvements were needed. For example, they found that some care workers had not received adequate induction training. Some care workers were lacking in some care skills and some did not have a good enough understanding of the ethos and aims and objectives of the service. The management team had developed an action plan to address these risks and concerns. We saw a copy of this plan which showed that progress was being made.

The provider had reviewed and changed the management arrangements at the home to help address the identified issues. The provider explained, and we saw records showing, that meetings had been held with staff reminding them of management expectations in relation to standards of care and the roles and responsibilities of staff.

Staff explained that senior staff, with appropriate skills, had been working with care workers to act as role models and provide training. Some care workers were being supported to develop supervisory skills, and the role of "heads of care" had been clarified. Changes had been made to ensure that these staff were allocated time to carry out this function.

Records showed that a training needs analysis had taken place and a programme of training had recently started, and some training had been delivered. This included training in end of life care, fire procedures, moving and handling, the Mental Capacity Act (2005) and safeguarding. The provider may find it useful to note that infection control had not been including in the training plan.

The management team had found that formal supervision and appraisal of care staff and nurses had not been taking place. Plans were in place to address this.

We spoke with staff. They said the changes being made were having a real effect. They said they felt they were receiving direction and that the way care was delivered was "more organised". They said that there had been improvements in the standards of care delivered and "attitudes are changing".

However, we saw evidence that some risks remained. For example, during our inspection we heard the call bells ringing frequently and for long periods of time. We asked two care workers about this. They told us they would not answer the call bells because they were having a break. The provider explained care workers were paid for their breaks so that they could be called upon to respond to people's needs, in exceptional circumstances during their break. He also explained that this was the type of attitude the management team were determined to change.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010** **Supporting workers**
	How the regulation was not being met: Regulation 23 (1) (a). Staff did not all have the skills, training and support needed to ensure they delivered care to an appropriate standard.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 03 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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