

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: 08 October 2013

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

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Margaret Rose Care Limited
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

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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 8 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

On the day of our inspection 29 people were living at the home and receiving care from the service. We, the Care Quality Commission (CQC), spoke with five people, the manager, a registered nurse, three care workers and two ancillary staff. We also spoke to a visiting social worker. One person described the home as a "lovely".

Risks to people's health and welfare were identified and their needs were met in a way that was personalised to each person. Health promotion was encouraged through referrals to specialists. People told us they felt safe and well cared for.

We saw people had a choice of suitable and nutritious food and drink available in sufficient quantities. People said the food was good.

People received their medicines as they were prescribed although not always in a timely way.

Staff were familiar with how to safeguard vulnerable adults. They were supported to make known any concerns they might have had, through internal mechanisms and by "whistle blowing" if needed.

Whilst there were enough staff on duty, care workers and nurses had not received the training they needed to support them to carry out their roles and responsibilities. Some had not had training in moving and handling, medicines management, safeguarding, mental capacity and deprivation of liberty. Not all staff had received formal supervision.

Systems were in place to support the ongoing development of the quality of services provided and to identify and manage risk.

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 09 November 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

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People told us they received the care they needed in the way they preferred. Relatives confirmed this. They said "They treat her like a person here."

People received appropriate and safe care. Records showed that each person admitted to the home underwent a pre admission assessment. This served to identify peoples' needs after which a decision was made about whether those needs could be safely met at the home and by staff. The manager reported that the needs of other people living at the home were taken into account in any assessment to ensure the service could meet everyone's needs.

Records showed that ongoing assessments were undertaken to identify risks. These included risks associated with skin or pressure damage, malnutrition or weight loss and falls. Records showed that where risks were identified that management plans were in place to manage the risks. The manager showed us that analysis of people's falls was undertaken, and that actions were taken to minimise falls.

People's welfare and safety needs were met. People told us they felt well cared for. All beds were height adjustable and position adjustable for comfort and to aid easy and safer moving. Staff said they had received some moving and handling training and we observed safe moving and handling practices.

We looked to see what measures were in place to prevent pressure sores from developing. We found that people at risk were nursed on pressure relieving equipment such as airwaves and overlay mattresses when in bed. When sitting in chairs, we saw that people at risk sat on pressure relieving cushions.

Records showed that referrals were made to healthcare professionals such as the speech and language therapist and the tissue viability team. Staff were familiar with the advice given and told us how they put this into action. People were encouraged to maintain their

health through regular health promotion services such as dentistry and chiropody services. On the day of the inspection the dentist was visiting one person.

Care workers we spoke with were familiar with people's healthcare needs and how to meet those needs. We saw that people had their personal care and hygiene needs met. For example, people had clean hair and nails. People spectacles and clothes were clean. Records showed that people had their continence needs attended to frequently and there were no offensive odours in this home.

People said they received care that was based on their preferences and individual needs. One person said "I love a lie in. They come and help me when I ring my bell." Some people remained in bed all day. We spoke with some of these people and they told us that this was their preference.

People enjoyed their daily lives through social interactions of their choosing. Group activities were arranged, such as sing-a-longs, bingo and quizzes. Some people said they preferred their own company and to read, watch television and listen to the radio.

There were arrangements in place to deal with foreseeable emergencies. For example we saw personal evacuation plans had been prepared for people in the case of a fire. These detailed the support the person would need.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

The provider had suitable arrangements in place to reduce the risks of people receiving inadequate nutrition or becoming dehydrated. We saw that there was a choice of suitable and nutritious food and drink available in sufficient quantities. For example we saw jugs of water and juice for people to help themselves. We saw coffee, biscuits and snacks were offered throughout the day. Food and drink provided was suitable for people's religious and cultural backgrounds.

Meals were made to meet the needs of specialist medical diets. For example sugar free meals were available for diabetic patients. People said they were always offered a choice in advance of their meal for the day. We saw the menu for the evening meal which showed a varied choice available this included a hot and cold option.

People told us the food was good. One person said "The food is very good on the whole" .Another said "It's ok some days are better than others, but generally good."

We visited the kitchen which was clean and well ordered. Fridge temperatures were monitored and checked daily. The home worked to the Safer Food Better Business self audit process as recommended by the environmental health authority. The home was awarded a four star rating for its hygiene by the local authority in May 2013.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During our observations we saw that people appeared relaxed around staff. This included people who were unable to communicate with us verbally. People's body language and use of appropriate touch with staff indicated that they were at ease. Other people told us that they felt safe. Comments included, "I feel safe, the staff are very kind."

We saw that people were protected from the risk of abuse because reasonable steps had been taken to identify the possibility of abuse and to prevent abuse. For example, staff had received appropriate training in the safeguarding of vulnerable adults. However, the provider may wish to note that some training was overdue. Staff we spoke with understood their role in reporting suspicions of abuse. They understood the need for whistle blowing where they saw inappropriate behaviour in their colleagues.

At the time of inspection nobody who lived at The Warberries was subject to a Deprivation of Liberty safeguarding (DoLS).

The home managed small amounts of monies for some individuals. This was kept securely and there were clear and accurate records kept of all transactions.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at how the medicines were managed in the home and found that safe systems were in place.

People had their own individual medication that was kept in their own bedroom. MAR (Medication Administration Records) were kept in the Nurses office separated into two files (ground and top floor). This meant that the risk of error was reduced.

On the day of inspection there were three people who were having their medication via a Peg feed (Percutaneous endoscopic gastrostomy). This is a method of feeding people used when taking food through the mouth is not feasible or safe. The Nurse on duty had received Peg training in the past 10 months by the Nutrition Nurse.

The nurses were responsible for medication ordering and stock control. We spoke to the registered nurse on duty on the day of the inspection about the time it took to complete the medication rounds. They told us that in the morning round took approximately two hours and therefore was started earlier than required. The five o'clock round started at four o'clock and took up to three hours to complete. The nurse said they made sure that medication was given at the prescribed intervals and that pain relief was always given at the appropriate time. We discussed this with the manager who had already recognised that this was not good practise. They told us there was a plan to train further staff to administer medication and therefore reduce the time it took.

Staff told us they had received training in the management of medicines. They showed us they had introduced audit systems to support the safe management of medicines. For example we saw that fridge temperatures had been recorded and controlled drugs were frequently checked. Records relating to medicines were up to date and accurate. We looked at records and systems which showed the ordering, receiving, storing, managing and disposing of medicines were robust.

We checked the stock of some medicines against records and found that these reconciled. Medicines which needed refrigerating or which needed to be stored as controlled drugs were stored appropriately.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of our inspection 29 people were living at the home. There was the one registered nurse and seven care workers on duty. There were also five ancillary staff, these included a cook, a kitchen assistant and three housekeepers. The manager was also present throughout the day. During the night one registered nurse and two care workers were on duty.

People who used the service told us that staff were not rushed and had time to meet their needs. One person said, "They are very good." Staff said they felt there was enough staff on duty to meet people's need. One person said sometimes it was "very busy if someone went off sick, but we manage" We were told by the manager that the permanent staff generally stepped to and cover each other for sickness and holidays. Occasionally the home used agency staff.

We observed that care workers had time to talk to people as well as complete tasks. For example we saw one person sat in their bedroom talking to a care worker the conversation was not rushed and the person was clearly enjoying the company.

People told us that staff responded in a timely manner to call bells. All new staff completed induction training but not all staff had completed all aspects of mandatory training. For example 13 staff identified on the training matrix had not received up to training in moving and handling. The provider may wish to note that there was potentially a risk of insufficient numbers of staff on duty at one time with the appropriate skills to care for people properly.

We were told by the manager that any new member of staff shadowed an experienced member of staff before being able to work independently. They explained that this had helped the new employee to become familiar with the layout of the home and to get to know the people who lived there.

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 do not receive appropriate training to ensure care delivered to people is safe 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 kind" and were "hard working".

Records showed that a staff training needs analysis had taken place and a programme of training had 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 training matrix was simple to follow and it indicated that many staff still required training updates in areas such as manual handling, safeguarding adults, infection control and fire awareness. Some moving and handling training had been booked for the near future but only six members of staff were going due to limited numbers booked onto the course. This could pose a risk to people by being cared for by staff that were not up to date with current good practise.

The management team had undertaken formal supervision and appraisal of care staff and nurses. However, the provider may wish to note that this was not structured and not all staff had had a 1:1 meeting with their line manager to discuss their development. We spoke with staff they all said that they had plenty of opportunity to discuss any issues or requests with the manager on an informal basis. The manager confirmed that the home used an informal approach to staff supervision and appraisal but recognised the need to have a more structured process.

Staff told us that the owner was contactable out of hours for advice and was responsive to requests for support and advise.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Systems were in place to assess and improve the quality of services provided. For example people using the service, relatives and visiting professionals were asked for any suggestions for improvement. We were told that a new survey was to be sent out in the near future and that visiting professionals would be asked to complete a simple feedback form after their visit. From this information actions would be made to improve where necessary.

People told us they were listened to, and that their views were taken seriously. One person said "they are very good, no problems".

Since the last inspection changes had taken place in response to the compliance actions made. For example staff moral and attitudes had much improved. One member of staff said "it's much better, we are a good team."

The manager had instigated systems for analysing risk to individuals such as analysing falls and trips. We saw that an audit of medication had taken place. It had been identified that the pharmacy needed to know if any individuals' had allergies. The home had responded to this and sent the information to them.

Other audits were undertaken by the manager to recognise any issues of concern and make improvements where necessary. We saw care plans had been audited. They were up to date and completed well. Staff training had also been audited and a training matrix put together. However the provider may wish to note that although an audit had been completed it had failed to recognise when staff training had lapsed.

The manager said they had an "open door" policy meaning they felt more comfortable speaking with people on a daily basis instead of allowing any problems to escalate. The owner of the service was described as supportive and accessible. It was clear from the changes made to the property and to the systems in place to manage risk and quality that the owner was investing in the service and supporting the improvements and development.

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	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
Diagnostic and screening procedures	How the regulation was not being met: Staff had not received training or supervision relevant to their roles and responsibilities. This a breach of Regulation 23(1)(a).
Treatment of disease, disorder or injury	

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 09 November 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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