

Margaret Rose Care Limited

# Warberries Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Warberries Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Warberries Nursing Home provides nursing care and accommodation for up to 49 older people who may also be living with dementia. At the time of this inspection, 31 people were living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People received person-centred care which was responsive to their specific needs and wishes. Each person had an up to date, personalised care plan, which set out how their care and support needs should be met by staff. Assessments were regularly undertaken to review people's needs and any changes in the support they required.

People had access to a wide range of group and individual activities and events they could choose to participate in, which were tailored to meet their specific social needs and interests. This enabled people to live an active and fulfilling life.

People who preferred or needed to stay in their bedroom were also protected from social isolation. People regularly participated in outings and activities in the local community. The service also had strong links with local community groups and institutions.

When people were nearing the end of their life, they received compassionate and supportive care. People's end of life wishes were sensitively discussed and recorded.

Staff were aware of people's communication methods and provided them with any support they required to communicate in order to ensure their wishes were identified and they were enabled to make informed decisions and choices about the care and support they received.

The service had appropriate arrangements in place for dealing with people's complaints if they were unhappy with any aspect of the support provided at the home. People and their relatives said they were confident any concerns they might have about the home would be appropriately dealt with by the managers.

People were kept safe at the home, cared for by staff that were appropriately recruited and knew how to highlight any potential safeguarding concerns. Risks to people were clearly identified, and ongoing action taken to ensure that risks were managed well.

People's medicines were managed safely and the provider ensured that incidents and accidents were fully investigated. The home was well kept and hygienic.

Staff were well supported through training, supervision and appraisal. Staff worked effectively together to ensure people's needs were communicated and supported them to access healthcare professionals when they needed them.

People enjoyed the meals available to them and were appropriately supported with eating and drinking. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home was dementia friendly and met the needs of the people living there. Staff could demonstrate how well they knew people and people and their relatives were positive about the care provided.

People were treated with privacy and dignity and supported to be as independent as possible whilst any differences or cultural needs were respected.

The service had a robust management structure in place, and quality assurance systems were effective in driving improvements across the home. Regular feedback was sought from people and their relatives to ensure they were involved in the development of the service.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# 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 5 November 2018 and was unannounced. The inspection was conducted by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case experience of caring for people living with dementia. Before the inspection we reviewed the information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service in 2016 we did not identify any concerns with the care provided to people.

During the inspection we spoke with six people who lived at the care home and four visiting relatives. We also talked with various people who worked at the care home including the provider, a visiting consultant and manager, deputy manager, activity co-ordinator, chef, a registered nurse and six care workers.

As some people were living with dementia, we also observed the way staff interacted with people living in the home and performed their duties. We looked at three care records, three staff files and a range of other documents that related to the overall management of the service which included training records, quality assurance audits, medicine administration sheets, complaints records, and accident and incident reports.

## Is the service safe?

### Our findings

Relatives felt that their family members were kept safe at the home. Comments included, "'It's very safe here. I knew that this was going to be the place for [person's name]" and "It's so very good here, the house itself is wonderful. [There is lots of space]. I'm sure [the staff] would tell me if anything was wrong with [person's name]."

Staff were clear on how to manage any potential safeguarding concerns and how to report them. We checked the provider's safeguarding records and found that any alleged incidents had been appropriately investigated and alerted to the safeguarding team in a prompt manner.

Risk assessments were comprehensive, and fully detailed the potential risk to people and others; as well as the appropriate action to take in order to mitigate these risks. The provider information return stated, "People who use our service are supported to take positive risks and make choices about how they live their lives. Where people make choices that may put them at risk we work with the person, their family and other professionals where appropriate and put measures in place to reduce the risks. Individual risk assessments regarding this are reviewed monthly. Risk assessments covered areas such as bedrails, falls and eating and drinking. People's turning charts, and food/fluid charts were also completed and up-to-date.

Regular checks were undertaken to ensure that the premises were maintained and well-kept. It was a large home so there was constant investment and updating. Water temperatures were checked to ensure they were within safe ranges, people's rooms and equipment were checked for maintenance issues and fire safety checks were conducted. We observed that the premises were clean and hygienic throughout. The kitchen had been awarded a top level 5 rating. Appropriate equipment was utilised to help control infection. We also observed that during the lunchtime meal staff wore personal protective equipment, and provided people with large napkins. Monthly random hand washing audits were also conducted.

Staffing levels were sufficient to meet the needs of people living at the home. They worked in teams in the dementia care unit, middle and ground floors. Staffing rotas were planned up to four weeks in advance and were based on occupancy and people's level of need. Rotas were kept under constant review and amended as necessary. The Head of Care was not routinely scheduled within the care worker numbers to provide care. This provided flexibility to step in should there be staff sickness or a staff member needed to leave the home to escort a person for an appointment for example. Staff skill mix was considered when planning the rotas to ensure a suitable mix of more experienced and newer staff on each shift. This also took into account people's differences and preferences, for example if people preferred a female care worker for personal care support. Where agency staff were used these were regular staff who knew people well. The provider and their consultant explained the financing of the home, how they were restructuring staffing teams to cope with local nurse shortages, working with colleges to attract staff and enhancing career progression and satisfaction within the industry.

Appropriate recruitment checks took place prior to staff commencing employment. The provider information return stated, "Full recruitment checks are undertaken and we involve people who use our

service in recruitment by inviting all applicants successful at interview stage to complete a trial shift where people can give their opinion on the candidate before a job is offered." Records showed that staff had been subject to Disclosure and Barring Service (DBS) checks. A DBS is a criminal record check employers undertake to make safe recruitment decisions. The registration of nurses was regularly checked to ensure that these were up to date. Two references were kept on people's files along with their employment history and photographic identification.

The administration of people's medicines was managed safely to ensure that people received their medicines at the right time. Medicines were safely and securely stored. People's medicines administration records (MAR) included a front sheet with a recent photograph of the person, any allergies and detailed whether people required support to make decisions in relation to medicines. Records showed that appropriate 'as required' protocols were in place where people needed them, and it was clear what conditions the medicine could be administered for. We looked at the MAR for four people and saw that there were no gaps or omissions and that stock balance checks were up to date.

The registered manager ensured that incidents and accidents were recorded, and fully investigated. Where accidents had occurred, any injuries were fully noted and action taken to manage them. All incidents were audited to identify any trends and take appropriate action. The PIR stated, "We have an untoward incident and near miss reporting system and an open culture which encourages staff to report any thing which has, or might have, compromised safety. We use the process to consider how we can learn from anything that has gone wrong and if there is anything we can do to reduce the risk of a similar thing happening again."

## Is the service effective?

### Our findings

The service remained effective. People and relatives said they found the care and support to be effective in enabling them to achieve a good quality of life. The PIR stated, "We are pro-active in supporting people to manage their own health. [Person's name] was admitted after a stay in hospital and in addition to a long term physical disability, they had a stomach feeding tube inserted. The hospital and social worker had assessed that he and his wife were not capable of managing this at home and that he would require long term nursing care. We found that [couple's names] both wanted to remain living at home and were very upset by this decision. We arranged additional training for them from two different teams over several days in order to support them to learn how to manage [person's name]'s needs themselves. We liaised with their social worker on their behalf to arrange a package of care so they could return home, which they successfully did."

We saw pro-active care and support where staff knew people well and so were able to recognise any changes when people were not feeling themselves. One relative said the service had been recommended to them by an end of life health professional. They said, "This home was the best. It was instantly very friendly and they had an open door policy for visiting, I could have popped in at anytime to see. We got help to personalise the room before dad even got here. [The staff] are very quick to call the GP here, so we're very relaxed." A person told us, "The carers have got to know me. I'm called Mr Independent and they fit round me. [The manager] comes to see me. I do try to get out every now and again, the carers ask me what I'd like to do and if I want to go out of my room, they'll take me. They started to do blood tests to find out why my skin had flared up." The community nurse had trained the home's registered nurses how to administer this person's specialist medication so that the person could receive it without attending the surgery.

There was a new electronic care planning system which enabled a greater depth of care planning and record keeping. Staff updated peoples notes with the person and detailed what care has been provided and how the person was feeling. The PIR stated, "We respect different cultures and find out as much as we can about peoples lives so we can care for them in a way that respects their history, and who they are." People's needs were assessed in line with evidence based guidance. People's skin integrity was assessed against their Waterlow score, and the Abbey pain scale was used to support people to express whether they were experiencing any pain. Behaviour charts were in place to support people that could exhibit behaviours that were considered challenging.

Staff were fully trained to carry out their roles and receive sufficient support to evaluate their practice. Staff were positive about the training and induction they received, and told us that they received regular updates to ensure their practice was current. The PIR stated, "All staff have a personal development folder detailing training, qualifications and supervision. We have a pro-active supervision and appraisal system in place. Staff are encouraged to complete training in areas that interest them, for example the activities co-ordinator recently completed a course in cognitive behaviour therapy (CBT). They have an interest in Montessori methods in dementia care and we supported them in their application to the Winston Memorial Fund to go to America to research this further, for which she was shortlisted. Senior staff were supported to develop clinical skills such as venepuncture. One senior recently secured a job as a phlebotomist at a local surgery



due to the skills she had gained here." We reviewed the provider's training records and saw that staff were up to date in topics such as, food safety, customer service, dementia awareness, equality and diversity, falls, moving and handling, person-centred care and safeguarding. The PIR stated, "The manager believes that the best way to role model human rights principles is to treat the staff team with kindness, fairness, respect, equality and dignity so they feel empowered to treat others in the same way. We often treat others the way we are treated ourselves and this approach has built a positive culture in the home. We are respectful of staffs differences and talk about how we all have different strengths and weaknesses and how these contribute to an effective team."

Staff received regular supervision where their competency was assessed and they were supported to set achievable goals in developing within their roles. Staff were supported by the management team. The PIR stated, "We make adjustments and allowances for staffs' own health or family needs, for example a staff member who recently suffered a leg injury and is unable physically to work full shifts. They did not want to be signed off sick from work, so they are currently working over lunch so they can sit and help people to eat."

The service used a regular training consultant to deliver consistent training and there was a new training room to enable staff to be trained within the service. For example, staff could practice using a hoist and hospital bed and relate their learning to people's needs. There were also plans to develop topic leads with staff leading roles in infection control, dignity in care and dementia. There was a staff member who had completed the local hospice course leading good practice in end of life care. The new role of nursing support worker would also enable care workers to further their competencies.

We observed the lunchtime at the home and saw that staff who provided support for people to eat, did so with dignity in mind. Staff sat at the person's level, gave people options of what food they ate and what was being offered, and waited for people to finish a mouthful before starting another one. People and relatives were happy with the food on offer saying, "You can always have lunch here. The first time they offered me lunch I refused as I'm a coeliac, but they went straight to the chef to make sure they could accommodate me and they've done so ever since", "The food here is fantastic" and "Food and books are good here! It's lovely."

The atmosphere in the dining areas was very lively, with laughter and chatting and plenty of staff visible and attentive. The chef knew the specific dietary needs of people at the home, as well as having reference to accessible instructions as to how people's foods needed to be prepared and served. Food that had been pureed was presented very appealingly. The chef said, "It is good working here and it's very nice to be appreciated. I never understand why chefs don't make an effort with presentation, the first bite is with the eye as they say and I am a bit of a clean freak." The head chef was awarded the gold award at the recent Outstanding Care Awards for Devon and Cornwall. They were innovative in the way they presented food for softer diets, using moulds to shape puree food, including an individual pea mould. They were experimental and tried different methods. For the Royal Wedding they produced a pureed buffet so people with dysphagia could have the same food as other people. Each of the communal areas had a drinks station to enable people and their relatives to help themselves to drinks throughout the day.

People were supported to access a range of healthcare professionals and staff maintained professional working relationships. The PIR stated, "People can monitor their own health closely and we can provide other professionals with detailed information. We work closely with other organisations to ensure we are following best practice and take training opportunities that are offered, we focus on not only developing our own service but helping others to develop. We were one of 16 homes to take part in a trial with the local older peoples mental health service which resulted in the implementation of a new way of working together to support people (CHEST). We also took part in a HealthWatch Torbay pilot project to establish 8 key

questions for enter and view teams to look at focusing on resident experience, and invited them to assess our service. People's records included full details of their involvement with other healthcare professionals such as GP, podiatry, independent mental capacity advocates and physiotherapists.

The different teams across the home worked together to ensure people's needs were met, and that there was consistency in the care delivered. A staff member told us of the regular handover meetings where people's presenting needs were discussed across the staff team.

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The manager gave examples of how they had supported people with communication, which was assessed on admission and reviewed. Staff did not currently wear name badges but this was being discussed and had been suggested in relative's surveys.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked the provider's records and saw that where people were subject to DoLS, applications had been made in a timely manner and any conditions set were followed. Where one person's conditions required monthly updates to be submitted to the supervisory body, records showed this action was always completed. People had appropriate capacity assessments in place to support them to make decisions in areas such as covert medicines or use of bedrails.

We observed the environment to be very dementia friendly and spacious. People's bedroom doors were painted different contrasting colours so people could find their room more easily, appropriate signage was in place to assist people to move around the service, and walls had interesting pictures and some textural items for people to touch. Most people's rooms had their name and picture on the door, and some people had memory boxes outside their rooms. All communal areas were appropriately signposted to assist with wayfinding. There was an indoor garden, safe access to outside space and boldly coloured crockery to promote independence.

## Is the service caring?

### Our findings

The service remained caring. The PIR stated, "Kindness and compassion are two of our core values and our home has a caring, inclusive culture. We get to know about peoples lives, their history and the things that are important to them and tailor our approach to care accordingly." We saw this happening throughout our inspection. For example, staff said, "We answer call bells on our breaks because that's how we roll. We don't want people waiting" and we saw a lovely, gentle rapport with staff and one person using a hoist. Staff ensured the person's anxiety was reduced by explaining and chatting about things the person liked. Care plans also had an area for assessing how people may be feeling each day, their level of contentedness'. Staff all wanted people to have a good day at Warberries.

People and their relatives felt well cared for by the staff and management. Comments included, "It is good here. I am happy"; "It's pretty good here, I like living on the base [the person living with dementia was ex-forces]" and "[Person's name] is treated with total respect here." One care worker was nominated for Healthcare Assistant of the Year in the Outstanding Care awards for Devon and Cornwall and reached the final. They had received numerous letters of support detailing how they went above and beyond to care for people. Recent thank you card comments included, "Thank you for all the loving care, support, understanding and kindness you have given [person's name]", "We cannot thank you enough for the wonderful care and compassion you have shown to mum. It has meant a lot to us" and "I breathed a sigh of relief that [staff name] was caring for my mum. Her attention to detail was second to none, making the perfect cup of tea for them, finding a hair clip and [personal care] done with such empathy, care and thought."

We observed positive, person centred interactions between staff and people throughout the inspection. For example, staff were very kind during lunch saying, "Nice and sweet, just like you" which made the person beam. Staff all took their lunch with people, enjoying the social occasion. After lunch, staff asked people what they wanted to watch on TV and changed the channel to the programme most people said they wanted to watch. The care worker who was supporting people in the main lounge also did a very good job of answering people's very repetitive questions in a way that made them feel valued. People had cuddles from the staff which they responded very positively to. One person said, "The girls are very caring. They did me a great birthday. Staff asked me what my favourite food was, which is Chinese chicken balls, and then they brought it in for me on my birthday. They are like family here." One visitor came from another care home to see their loved one. Staff told us how they cared for them, ensuring they were looked after as they saw how positive the visits were for the person at Warberries. One person had been taking other people's food. Staff had found out what the person liked and the chef had sourced a special food mould for the person so they could now have their favorite food as a puree. The chef saw food as something people looked forward to and said they enjoyed a challenge. They told us how they ensured people's anniversaries and birthdays were celebrated with balloons, cakes and cream teas. Staff set up attractive tables for people to enjoy a special 'meal out'. Staff had a communication group 'app' and were busy planning how they could make Christmas special. They were planning a Christmas fete with handmade sweets bags for people, hampers and hot chocolate reindeer presents. There would be a Christmas jumper day and individual presents for people chosen as 'Secret Santa' gifts from staff who knew what people liked.

Staff loved working at Warberries saying, "My heart is here. I left and came back as I missed everyone" and "We are all involved, we have a good bunch of staff." We are looked after. For example, there was late night training available to make it easier for night staff to attend and the provider told us how they supported a volunteer running the home shop. They had previously visited their loved one at the home and enjoyed the company. We could see the management team and staff highly valued their contribution and saw them as part of the team. The PIR said, "The manager has taken time to get to know staff as individuals and understand where they need support." Staff confirmed that this was the case.

People and their relatives were fully encouraged to be involved in the planning and review of their care and how it was delivered. A relative said, "We popped in last Christmas and both me and my son were offered Christmas dinner straight away. I seem to see the same faces here. There's always something going on to better the place. I'm told I can come whenever I want, it's a total open door policy." Some people and relatives were able to have the key pad codes to enable them to come and go independently and safely. People were welcomed when they came to the staff office, staff said, "It's lovely to see them." One person was independent and often went out to the pub and played their keyboard for people. Staff ensured the person's needs were managed discreetly and praised them to encourage positive behaviours and wellbeing. Staff told us how one person had wanted to go out but was living with dementia. Staff followed them at a discreet distance to enable them to go out in the way they wished. Where people benefitted from doll therapy, nationally recognised as positive for people living with dementia, staff were respectful. They said, "Our baby is very well cared for."

Records of people's care plans showed that they and their relatives were invited to be involved in the review of people's care needs. Relatives were being supported to complete 'This is Me' stories, so that staff were aware of people's backgrounds. Staff were very knowledgeable about people and saw them holistically. For example, one person had been a builder and staff enabled them to be involved in any building and gardening work. Another person had been an engineer so staff had given them some paperwork to do to make them feel valued and worthy. One person was proudly wearing their old squadron badge that the activity co-ordinator had found online for them. Staff said, "We emphasise who people were." Staff knew how to support people with any religious or cultural needs that they presented with. Holy Communion was available to people of the Catholic faith and other denomination churches visited the home regularly.

Staff were aware of the importance of supporting people with their independence. People's care records reflected what they were able to do for themselves, one person was able to wash their own face and clean their own teeth and this was clear from their care plan. Two people had become close and enjoyed each others company. Staff discreetly ensured they were safe, enabling privacy. People's partners were seen as important and they were all invited to Valentine's Day events for example. Staff also spoke of encouraging people to lift cutlery on their own at mealtimes and enabling people to be involved in doing household chores if they wished. People were treated with dignity and their privacy maintained. The staff team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with the new General Data Protection Regulations (GDPR).

## Is the service responsive?

### Our findings

People and relatives felt that staff had good understanding of how to respond to their social and leisure needs and deliver personalised care to maintain people's wellbeing. Comments from people and relatives included, "[The activities co-ordinator] is really good, she makes a real difference" and "The entertainment here I enjoy, the last singer they had was brilliant. The activities co-ordinator has been in twice today to get me on board with making Christmas cards." A visiting healthcare professional providing some additional one to one sessions said, "[Person's name] can live how he chooses. If he wants to stay in his room all day they let him. It's nice and clean here, the staff are lovely, I've really no complaints. The staff are lovely here, it's got a nice feel. I spend most of my time in the unit with [person's name], we've been to [name of shop] today as they like to get out to the shops."

People received flexible, responsive care that met their needs. When people were first referred to the home, the manager undertook a detailed, thorough assessment to ensure the service could meet the person's needs. The assessment covered all areas of care and the person's life and history and involved as many people the person wishes to be involved.

The provider was proactive in ensuring that they were able to respond to people's changing needs in a timely manner. The management and clinical staff undertook regular clinical review meetings where they discussed people's individual care in relation to nutrition or swallowing, weight loss, tissue viability, falls, diabetic support and any other areas of concern. New or re-admissions were discussed to ensure that the care provided was up to date and met their needs.

This resulted in responsive, personalised care that was in place and ready for the person when they moved in, or returned to the home after a period in hospital. For example, people had appropriate equipment such as hospital beds if required. Another person was being supported with aiming to go home in the future. There were up to date, thorough and detailed care plans in place to ensure that staff at the home could respond to the person's individual, complex needs. Staff used an electronic care planning system which enable them to access information at all times and update care plans as they worked. People's care plans included personal care, mobility and risk of falls, end of life care, wound care, eating and drinking, sleeping and night care, communication, continence and catheter care, cognition and mental capacity, behaviour, and psychological and social well-being. All areas were reviewed monthly. Staff were clear about what was required to meet people's changing needs. For example, they recognised when people were not 'feeling themselves' and sought specialist advice in a timely way. One person's skin condition was being monitored and fed back to a skin specialist. There were no pressure sores at the home and staff recorded people's skin conditions in their care plans such as skin blanching or red area. They knew one person was particularly vulnerable with fragile skin and were pleased the person's skin remained intact. There was good diabetic care. Staff had discussed one person with the external diabetic nurse to ensure the person was using an insulin that suited them to remain stable.

People were supported to live an active and fulfilling life at the home and in the wider community. The home offered an extensive programme of flexible, person-centred activities. The activities coordinator told

us, "I'll get people doing whatever feels right on the day. We run the activities according to the residents needs, not a schedule. I make sure I see every person, every day and we react to what the resident wants. These people have such characters." We saw that this was the case.

We saw a full pictorial person-centred activity timetable for the week on display. Activities, supported by all staff, included baking, arts and crafts, ball games, dancing and socialising, film afternoons and topical events. Staff said, "There's always something going on." On the day of the inspection people were busy, especially in the dementia care unit, doing activities following the Montessori approach. The activities co-ordinator was researching and studying Montessori and Dementia. They told us, "Montessori philosophy is, in a nutshell, "Help me to help myself" and in fostering independence it enables those with dementia to relearn skills they have been robbed of by the disease." We saw in the Warberries annual scrapbook, for loved ones to see what went on, that people had enjoyed a wide range of activities that matched their abilities and interest. People had matched cufflinks, matched golfballs and played games that involved grading and using tongs to sequence and enjoyed sensory games with sand and different textures. Staff said how they had seen people improve in their skills such as one person started to feed themselves again, another person remembered previously forgotten song words, now singing when they had only tapped their feet before. The activity co-coordinator said, "Music is a big part of life here. Golden Memories Karaoke is great, we couldn't wait to get started! We do zimmer frame line dancing, we have just 'pimped' up some more frames". People also were engaged dish drying, hanging washing, folding towels and flower arranging at their own pace and level. One person loved cleaning so had their own bottle of water and lemon to clean with.

There was lots of opportunity for musical involvement. Some people were still able to play the home's grand piano and there were regular musical entertainers. Recently the Bournemouth Orchestra, as part of a research project with Plymouth University, had visited Warberries for a four week programme of music 'Making Bridges with Music'. People had played the instruments including the harmonica, conducted and created their own song for the home musical group 'Musical Berries'. The manager said, "We encourage everyone to be involved in our projects".

Another project was the intergenerational scheme with the local council. Local childminders signed up to bring children to the home each week for meaningful sessions so they could enjoy time together with people. People read stories to children, painted pebbles, solved puzzle games, danced and sang. Staff gave examples of how people who had been reluctant to engage had really come alive with the children present. There were many happy photographs of people dancing with young children and laughing. A new area was being refurbished and the lounge moved to enable those that could not easily get outside to see the children playing. The home had secured further funding to enable a Monday to Friday service to expand the intergenerational sessions throughout the week. The PIR said, "This will increase the opportunities for people to form meaningful relationships, and our research has shown this interaction to improve people's well being." Both projects were used for academic research.

People were also able to continue to be part of the community and to celebrate topical events such as the World Cup football. One person regularly went to the shops and they were planning a trip to the museum. They were supported to maintain their autonomy by having their medication at a certain time that suited them to enable them catch the bus to town. People were enabled by staff to have fun. Another person's face had lit up when they had their hair sprayed green for Halloween. People had enjoyed the local air show and fireworks and been in the large garden 'sunny days meant walks outside and daisy chains' said the scrapbook entry. There were visits from birds of prey and other animals. The home had a house cat called Cookie. One person had a rabbit who went round to visit people. Christmas preparations were underway with people making cards and invitations to the Christmas fete. A visiting pantomime was booked, carol

singers and a brass band. Displays across the home showed that the home supported local charities and the community. The home had organised a charity fundraising morning tea with full involvement of people living at Warberries.

There were regular relatives' and residents' meetings and a newsletter 'Warberries Witterings' with lots of photographs. This showed upcoming events such as the previous Royal Wedding street party, Hawaiian shirt day and summer fete and activities with the children such as crown and marble painting. Relatives were encouraged to give ideas for things to do or collect items for crafts. We could see that action had been taken from relatives and people's surveys to make any improvements as suggested by people and their relatives. One person's family member and their friend worked with the staff to create more dignified covers for clothing. People used these at mealtimes and they looked more like a large napkin than a traditional cover and were more dignified.

Staff supported people to communicate effectively. People's communication needs were clearly assessed and documented in their care plans, and staff supported people in ways that met the Accessible Information Standard and with their communication needs in mind. We saw that people were offered visual choices for clothes, meals and things to do. This allowed people to indicate their choices to staff, where they were not able to communicate verbally. The PIR said, "We often produce information or activities such as crosswords in large print. We have at times used written words and pictures to communicate with people. We had one staff member with a visual disability and we provided all of his paperwork and training materials on green paper, which meant they could read it independently."

Where people were in receipt of end of life care, the provider ensured that people were still enabled to live their lives in line with their preferences. People were well supported to express their end of life care wishes and we saw that these were comprehensively completed within people's care plans. Where appropriate, people had end-of-life anticipatory medicines in place, in case they needed them and these were also clearly reflected within people's medicines records. People had 'do not attempt cardio pulmonary resuscitation' (DNAR) orders on file as well as Advance Care Plans; these had all been completed with the involvement of appropriate healthcare professionals and relatives, and were regularly reviewed. People's records also included details of palliative care nurses and hospice care for when the need should arise. The home was proactive in ensuring that they could respond promptly should someone require support with end of life care. The manager said they really valued support from the local hospice and one staff member had completed the hospice end of life ambassador award. Written feedback from a relative stated, "Thank you so much for your care, kindness and compassion and for looking after mum so well. You all made her final days so much more comfortable." The provider said they were planning an 'end of life' suite. This would enable relatives to stay close to the person in more comfort.

People and their relatives were clear on how to complain should they need to. There was an easy complaints card system which had encouraged people to engage more often with their views. We reviewed the provider's complaints records. A complaints log was kept which clearly recorded the source and nature of each complaint as well as the action taken. All complaints had been responded to promptly and suggested resolutions were appropriate. People and relatives we spoke to had no complaints at all. Feedback in the Healthwatch Torbay report noted that all respondents confirmed; the ease of communication with staff, especially the manager and that the manager encouraged people and families to share their concerns.

## Is the service well-led?

### Our findings

People, their relatives and staff felt that the home was well-led and managed to a good standard. People, staff and relatives all felt they could talk to management at any time. One relative said, "It's always as clean as it can be. The food is really good and the staff are really lovely which is the most important thing. They really understand dementia and are very kind to the residents. The new manager is doing a good job. There are a lot of good, capable care staff at the Warberries, they are all lovely to the residents."

People and staff were welcomed in the office with sweets to encourage people to pop in. One person living with dementia always remembered the manager's name and often popped in the office to say hello. Some staff had worked at the home for many years, including the new manager. They were going to register with us. 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.

Equality and inclusion was well promoted amongst the workforce to ensure that staff were involved in developments across the home. Warberries was registered as a disability confident employer and ensured the service was as open as possible to people with disabilities. We saw this was happening and staff differences were supported. Regular meetings ensured good communication between staff as well as a staff online 'app'.

Quality monitoring systems were effective in identifying and driving areas for improvement across the home. There were regular audits of patterns and trends across incidents, accidents and complaints to ensure that any learning points were promptly identified. The provider completed regular comprehensive audits, visiting regularly. Audits included, care plans, medication, falls, records and wound management; including any current treatment from other professionals and equipment required to support people, such as pressure relieving mattresses to ensure these were appropriate and well maintained. One nurse said they really enjoyed working at the home. They said they loved the connection with people and they were able to bring any up to date information from their other work with the local hospital. Other audit topics covered a wide scope including infection control, equipment, activities, health and safety and catering.

People were encouraged to express their views on the care they received through feedback questionnaires and comments were acted upon and shared with staff and in the newsletter.

We reviewed the recent staff team meeting minutes and saw that these were focused on the development of communications and also discussed findings from audits to ensure that staff were abreast of proposed improvements across the home. Staff skill sets were developed and encouraged and the provider was currently promoting staff development and career progression to enhance staff retention to address the local shortage of registered nurses.

The provider had also built positive relationships with other agencies such as the mental health team,



psychiatry, hospice care and community psychiatric nurses. They were pro-actively involved in any local projects such as the CHEST team, 'Making Bridges with Music' and intergenerational scheme. They said, "We put people into the business continuity plan." The manager said, "The plan gets in your bones. We work hard to get it right." We saw that the management team cared deeply about people and their staff and were working hard to make sure that the business was as successful in the future." They took in a creative consultation which focused on resident experience and led to the development of the Torbay Care Charter. The manager was an active member of the local Care Managers Network, keeping up to date with legislation and innovation. The home was also part of the steering group for the Torbay Leadership Fund project and worked with HealthWatch Torbay to develop enter and view visits to Homes.

The home has a clear set of core values that shaped the culture of the home, which was open, friendly and listened to people, their families and staff. The manager was visible and available to people, their families and staff and ensured consistent supervision and appraisal in order to gather staff views and give feedback. Feedback was seen as an opportunity to think together about what has happened, why, and what could be done better in the future. One review on Healthwatch Torbay said, "The manager is obviously doing an excellent job and is very effective in ensuring this home runs so smoothly and well. I feel this is reflected in the staff genuine friendliness, calmness and outstanding care and attention always shown." The PIR stated, "The new manager knows the service well as she has worked here as an agency nurse on a regular basis, she understands the culture and values of the home and is committed to continuing and building on this." The provider said, "They know staff, we are supporting and encouraging their confidence. They are naturally person centred and really good with people." The manager was supported by a new role of deputy manager who also clearly knew people's needs well. The providers had contracted a local training and consultancy practice, who also know the home well, to support the new manager over the first few weeks and the lead of the local care managers network had offered support.

There were many links with the local community such as schools, projects and churches. They had made links with the Duke of Edinburgh awards scheme and offered placement to their students. One school had made lovely Remembrance Day posters for the home. Also reaching out to students with special needs to come and visit and promoting careers in care. The service also encouraged family members to engage with their own community groups, for example one of the family members was a member of the Brixham Quilters and their group presented the home with a large number of 'fiddle blankets', helpful for people living with dementia.

Staff loved working at the home and felt very supported and valued. Care Award nominations were celebrated in the newsletter with the head chef receiving the Gold award for Catering Team of the year in the Outstanding Care Awards for Devon and Cornwall 2018 and a care worker was a finalist for Health Care Assistant of the Year.

There were lots of plans for investment. The manager said, "We have so many ideas". These included developing the intergenerational project, creating a rehabilitation flat, developing the large gardens and a café in the old dining room. The chef was working on improving people's hydration by experimenting with spherification and snack boxes. This showed the service was forward thinking and focussed on providing a good quality of life for people and their families.