

Riverbank Care Limited

# The Warren Care Home

## Inspection report

Cluden Road  
Northam  
Bideford  
Devon  
EX39 3QF  
Tel: 01237 476932  
Website: [www.riverbankcare.co.uk](http://www.riverbankcare.co.uk)

Date of inspection visit: 3 and 8 September 2015  
Date of publication: 02/10/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out an unannounced comprehensive inspection on 3 and 8 September 2015.

We last inspected the home in September 2013 and found no breaches in the regulations we looked at.

The Warren Care Home provides nursing and accommodation for up to 28 older people, many receiving end of life care. There were 26 people using the service the first day of this inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had not acted to gain authorisation to deprive people of their liberty where a person was subject to continuous supervision and control, such as the use of

# Summary of findings

bed sides and monitoring people's movements. This was because the Registered Manager was not aware of a Supreme Court judgement which had widened and clarified the definition of deprivation of liberty.

Whilst staff said they felt supported by the registered manager, and their work was under continual assessment by more senior staff, they did not receive a formalised supervision of appraisal of their role. Some felt this would be a benefit to them.

People received their medicines as prescribed. Nursing staff were trained and competent in managing pain relief and optimising people's health.

People were fully involved in decisions and staff ensured they were involved at every stage of their care, from assessment to care planning and regular reviews of their needs.

People said they felt safe at The Warren. People's safety was promoted through checking staff's suitability to work in a care home setting, ensuring sufficient staff to meet people's individual needs and assessing and managing any risks to people's welfare.

Staff had a good understanding of what constitutes abuse and how to respond to protect people.

People received a nutritious diet, which they enjoyed. Where there were concerns about a person's weight or diet this was monitored and followed up in their best interest.

Care staff said they were very satisfied with their induction and training, and that these equipped them for their caring role. Nursing staff said they were supported to maintain their training and so protect their nursing registration. Support staff also received the training they needed for their work.

People had all necessary access to health care professionals, who were consulted to promote people's health and welfare. This included such specialists as the tissue viability team, where wound care was complex, and hospice services. A GP said the care provided at The Warren was "excellent."

People, and their families, received a service from kind and caring staff and management. One person's family said, "You can't fault them. It's a lovely relaxed atmosphere and very homely." Staff took considerable time to ensure a person got the individual care they needed, and took nothing for granted. Staff were competent and a hospice nurse said the end of life care at The Warren was "very, very good." People were treated with respect and dignity throughout their involvement with The Warren.

People's individual needs and wishes were assessed in detail and then planned with their involvement. Care was centred on the person as a whole. In particular, where people were anxious or needing reassurance this was provided. Staff regularly checked people still agreed with their plan of care, sometimes on a daily basis.

The Warren was well-led by a provider and registered manager whose culture of care was to put people first. They led by example and their staff team was professional and it was a well organised service. People's opinion was regularly sought and there were effective arrangements in place to check the home was run in a safe and effective way, with improvements made as and when necessary.

There was one breach of regulation, relating to depriving people of their liberty without lawful authority. You can see what action we told the provider to take at the back of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements met people's individual needs.

There were effective recruitment and selection processes in place to protect people from staff unsuitable to care for them.

Medicines were safely managed on people's behalf.

Good



### Is the service effective?

One area of the service was not effective.

People were fully involved in decisions about their care and the staff understood legal requirements to make sure people were consenting to their care. However, staff had not acted to gain authorisation to deprive people of their liberty where a person was subject to continuous supervision and control, such as the use of bed sides.

Staff did not receive formal supervision of their work although they felt well supported and the standard of their work was monitored.

Staff received a thorough induction and on-going training in their role.

People's food and fluid requirements were met and any concerns followed up.

People had the expertise from health care professionals available to them to support their health and welfare.

Requires improvement



### Is the service caring?

The service was caring.

Staff had good insight into people's physical and emotional needs and much time was committed to providing a caring service.

People were treated with respect and dignity and their privacy was upheld.

Professional health care workers commended the staff for the standard of end of life care provided at The Warren.

Good



### Is the service responsive?

The service was responsive.

People's care needs were assessed and planned in detail. Staff were very responsive to people's changing needs, listening to them and acting on their behalf.

Good



# Summary of findings

The standard of personal and nursing care was high.

People were supported to lead lives of value as much as they were able.

People told us there was nothing to complain about. There had been no formal complaints in 14 years.

## Is the service well-led?

The service was well-led.

The quality of the service was kept under review. There were regular discussions with people and their family representatives and a yearly survey of opinion of the home.

There were systems in place to make sure people's welfare was protected.

Staff felt said they had the support they needed and the staff team worked well.

Regulatory responsibilities were being met.

**Good**



# The Warren Care 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 3 and 8 September 2015 and was unannounced. The inspection team consisted of one inspector.

Before our inspection, we reviewed the information which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke to six people who lived in the Warren , two people's family, 14 staff members, the registered manager and the provider. We looked in detail at the care provided to four people, which included looking at their care records. We looked at three staff recruitment records and at staff training arrangements. We also looked at servicing records, a range of quality monitoring information such as survey results and spoke with two health care professionals about the service.

# Is the service safe?

## Our findings

People's medicines were administered to them as prescribed. Only nursing staff administered the medicines, which were delivered on a monthly basis and checked into the home. Medicines were kept securely in a locked room and a locked cabinet. Medicines requiring specialist storage, such as refrigeration, and those needing additional security, were kept correctly.

Nursing staff had received the training provided by the pharmacy delivering the medicines and felt this was satisfactory for their needs.

Medicine use was recorded in a clear manner, for example, once a medicine was given this was signed by the nurse. Should a medicine be refused, or not taken for another reason, codes were in use to explain what had occurred. This meant there was information available about the medicines each person was taking.

Medicines were disposed of following the required legislation, so their disposal was recorded and safe. The recording measures provided a full audit of the medicines used.

People told us they felt safe at The Warren. Staff demonstrated an understanding of what might constitute abuse and knew where they should go to report any concerns they might have. For example, staff knew to report concerns to the registered manager and externally such as the local authority, police and the Care Quality Commission (CQC). Staff said they had received safeguarding training and records confirmed this. Staff had a lot of information available to them about how to raise concerns. For example, local authority contact details were displayed in prominent places.

The registered manager understood their safeguarding responsibilities and provided detail about how to protect people from abuse. For example, she said she would ensure staff were aware of potential issues and safety, adding, "(People) must be free from abuse of any shape and form." They gave the example of one person using the service whose manner frightened another, and so staff would encourage them to spend time in different areas of the home. The registered manager also provided information of when staff had complained to another service because they felt a person had been brought to The Warren who was unfit to travel on the day.

People using the service, their family members and professionals visiting the home felt there was enough staff to meet the needs of people using the service in a timely manner. A health care professional who had visited the home recently said, "There always seems to be a lot of staff on." One person said the care workers came quickly if they used their call bell. Another person said, "They serve you quickly." Staff said there were usually enough staff to meet people's needs but they could not always provide the social time they felt would be a benefit to some people. The registered manager and staff agreed that there was time every afternoon and this was also the role of an activities worker.

The registered provider said normal staffing numbers were never less than seven care workers in the morning, five to six care workers in the afternoon and three during the night time period. A nurse was on duty throughout the 24 hour period. Staff were supported by an administrator, two domestic workers, cook, kitchen assistant, laundry worker, the registered manager and providers. The registered provider, who is a registered nurse, said they would cover any staffing shortfalls because they knew people well and it prevented the need for temporary staff who might not know people well.

Staff were very aware of risks to people's welfare. For example, risks from poor dietary intake, pressure damage, moving safely and use of equipment were regularly reviewed. One person's risk assessment stated: 'To reduce the risk of injury (the person) does not have bedrails in place.' This was because there was a risk of them trying to climb over the rails. Another person had a specialist mattress in place immediately they were admitted to the home due to the risk of pressure damage. There were arrangements in place in the event of an emergency, for example, evacuation plans.

The home environment and the equipment was maintained in a safe way. For example, equipment was serviced and checked according to the manufacturer's instruction or according to a risk assessment. This included equipment for providing pain relief, fire safety and moving and handling equipment.

There were robust recruitment and selection processes in place. Three staff files for the most recently recruited staff included completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous

## Is the service safe?

employers, health screening and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate

checks were undertaken before staff began work with people using the service. Two recently recruited care workers confirmed they did not start working with people until the recruitment checks were completed.

# Is the service effective?

## Our findings

People were fully involved in decisions about their care, for example, whether they refused admission to hospital, but the staff did not fully understand legal requirements to make sure people's rights were protected.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) but less understanding of the Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

The home was not a locked environment and so people were not kept behind locked doors. However, staff were unaware that on 19 March 2014, the Supreme Court widened and clarified the definition of deprivation of liberty to include any person subject to continuous supervision and control. Most people using the service were in that category. For example, having their movements monitored (for their safety) and the use of bedrails to prevent falls. For this reason the registered manager should have applied for authorisation. We were informed that one person at the home was subject to authorisation to restrict their liberty, for their protection.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff understood consent and ensured people's consent was received before care was provided. For example, a nurse told care staff, "Because (people) make a decision today it does not mean it stands tomorrow." A hospice nurse described how concerned staff were that one person's decision not to receive life saving care might be changed if they became acutely ill. Staff were consulting with the person each day about this. The registered

manager had refused to accept a person to live in The Warren until it was confirmed they were consenting with that arrangement. This showed people's rights were being upheld.

Staff did not receive a formalised supervision and appraisal of their work in order for them to feel fully supported in their roles and to identify any future professional development opportunities. However, each said they felt supported on a day to day basis and there was always a senior person available to discuss any issues. All confirmed that the daily hand over of information was very detailed and this informed them about the care they were to deliver. The registered manager said each staff was supported in their induction and refresher training. During these the staff competence on the subject was assessed and those staff had the opportunity to raise any questions about their role and responsibilities. However, staff felt that a more formal opportunity to review their work and also raise any issues would be a benefit. One said, "An appraisal gives lots of opportunities to discuss things and gives you more confidence."

Two newly appointed care workers told us they were very satisfied with their induction training one saying, "Loving it." This meant that they had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people living in the home. Staff received an induction using nationally recognised standards. Then followed regular update training in subjects relevant to people's safety, for example, moving people safely, first aid, safe use of chemicals, fire safety and infection control. Each senior care worker was qualified as a 'train the trainer' for moving and handling people safely. There was a training matrix in place so that refresher training was not missed.

People were satisfied with the food they received. Comments included, "It's always fresh, quality food and according to the season"; "Always nice and warm and I enjoy the food" and "The food is pretty good." People's dietary needs were assessed and included in their plan of care. Risks were assessed, for example, people's weight was monitored. Staff said that where there was a concern about a person's eating or drinking this was monitored through close recording. A system was in place where each person's diet was recorded by a named staff. This ensured no person was missed and any concerns could be followed up.



## Is the service effective?

Many people required a care worker to help them eat or drink. Those staff sat next to the person and encouraged them with their diet. One care worker was heard to ask if a person had finished because the person had not eaten very much. They asked if there was anything else which the person might prefer. Some people said they enjoyed a beer with their lunch. Each lunch included a salad option and the cook was aware of who needed specialist diets and was able to provide them accordingly. Examples included soft diets and vegetarian.

People told us and records confirmed there was regular access to health support services. For example, eye, foot, dental and hearing appointments were recorded in the staff diary. People had regular contact with their GP. A visiting GP said the health care at The Warren was “excellent”. One nurse spent considerable time getting specialist advice to protect a person requiring a difficult wound dressing regime, ensuring staff would be able to follow the best practice they could for the person.

# Is the service caring?

## Our findings

People received care from a perceptive and caring staff. For example, one person said how their last few weeks, prior to their admission, had been very frightening. Their records showed the person's fear had been identified; it was addressed as part of their care plan. The nurse providing the handover of information to the next staff team clearly described the person's fears, how to approach the person and how to ensure the support and empathy that person needed. At our second visit the person had moved to a different room, which they preferred. Other people told us, "I have a feeling of belonging" and "There is always somebody I can talk to."

One person's family said how friendly the staff were. Another person's visitors said, "You can't fault them. It's a lovely relaxed atmosphere and very homely." Staff told us how the home had provided a "packed lunch" for the relative of one person who visited regularly because they were concerned they were not looking after themselves enough.

People were treated with respect and dignity. Much emphasis was put on discussing people's needs and

treatment options with them. People were able to direct the staff about what care they wanted and how it should be provided. Staff provided people with information and continually checked back that the person still wanted the care to continue as previously planned.

People said their privacy was upheld and care was provided in private. However, we were visiting one person and a care worker walked in without knocking. The registered manager said this was not acceptable and would be addressed with the staff team.

The Warren accepted a high proportion of people for end of life care and had close links with a local hospice. A health care professional from the hospice described the end of life care provided at The Warren as "Very, very good." They described how well people's care was planned, saying, "Everything is in situ" and "They think ahead" so the right care would be provided without delay. A GP said the staff seemed "Very capable." Where it was felt expert advice, or support for staff, was required this was sought, for example, where a one person's future care was foreseen as a difficult nursing challenge. Where the information was available to staff, details of end of life decisions were clearly described in the person's care plan for them to follow.

# Is the service responsive?

## Our findings

People were complimentary about the care they received, with one describing it as “Pretty good.” One person’s family said, “You can’t fault it. Nothing is too much trouble.” Health care professionals had no concerns about the service.

People’s needs were met following a thorough assessment of their needs and wishes. The provider and registered manager said that no person was admitted without a visit to meet and talk to them about The Warren and what care they needed. A person’s family confirmed this.

Care plans are a tool used to inform and direct staff about people’s health and social care needs.

Each person at The Warren had a care plan in place which they had involvement in producing. Each plan described in detail the person’s physical and emotional needs and how staff should meet those needs. Care workers said that they would read the care plans if they needed to check any information. For example, there was detailed information on how to move people safely and how to protect people from pressure damage.

People’s personal and health care needs were well met. We observed that people were supported to achieve a high standard of personal care so they were able to present as individuals and with dignity. For example, people’s clothes were clean, hair was well dressed and nails manicured. Health care professionals felt the home provided a high standard of care and care workers felt this was one of the things they did best.

Staff were very responsive to people’s needs. The Warren admitted people with complex conditions requiring skill

and knowledge. Where staff had any doubt with regard to how to proceed they sought professional advice. For example, advice from hospice professionals and tissue viability nurses, who were expert in wound care.

People were supported to lead as active a life as their condition would allow. An activities worker was employed. They described the challenge of meeting the needs of very frail and elderly people with limited abilities. We were shown textiles used for sensory sessions when people could enjoy scented candles, pleasant lighting and relaxing music. Every few weeks professional local singers came to entertain people. This summer some people had a trip out to a garden centre and a cream tea was held in the home’s grounds. One person said they only wanted to read and the staff made sure they had a good supply of reading material. One person said they were bored and wanted to play Bridge. The registered manager said they were sure they could find a person to help them achieve this. People received a newsletter, ‘Summer 2015’, welcoming new residents, providing information about staff changes and activities and celebrating the birthdays of three people who were centenarians.

People and their family members did not feel there was anything to complaint about. Displayed in the entrance to the home was information on how people should not hesitate to take any concerns or complaints to the registered manager or provider. The registered manager said that, when people were new to the home, she emphasised the importance of bringing any issue to her attention so it could be with promptly. She did not want people to “worry about things”. People using the service could not think of anything to complain about and there was good evidence that people’s needs were discussed with them on a regular basis. The registered manager said there had been no formal complaints in the 14 years she had been the manager. The Care Quality Commission has received no complaints about the service.

# Is the service well-led?

## Our findings

The registered provider and registered manager had been at the home for many years providing consistency and with people's welfare as their priority. The registered manager said most people were "totally dependent", many requiring end of life care. She added, "We're here for the residents." Staff, asked if the home was well-led, felt that it was. They talked of good team work and staff support. One said, (The registered manager) is good, a strong character liked by staff and will 'muck in'."

Families felt welcomed and we were told they were able to be as involved with the person's care as they wished, with the person's consent. One person's family wanted to attend their loved one following their death.

People's needs were regularly reviewed with them. One person had wanted a different room to lessen their anxieties and this was provided for them. People's care plans were kept under regular review.

The home was well resourced. Staff told us they had all the equipment they needed. One said they had mentioned the dining room looked a bit sparse and the provider took them out immediately to choose a dresser for the room.

There were systems in place to ensure safety and people's welfare. For example, an audit of accidents at the home, which were few, and how those accidents had been

responded to. Cleaning staff had check lists to follow and there were regular checks for safety of the environment. Staff received close supervision of their work from the time of induction to regular review training. A nurse took the role of supporting staff through regular update training sessions.

There had been a survey in March 2015 with 78% of the questionnaires returned. Most people felt the staff were hard working, respectful and courteous. All said they knew how to complain, the home smelt clean and fresh, staff maintained a professional approach and people felt well cared for. The audit was followed by a meeting where the registered manager fed back how any issues would be addressed. For example, a review of the time lunch was served so people could return to their rooms promptly if they wished.

Since April 2015 the provider organisation was required to have policies and procedures in place to ensure openness and transparency with regard to notifiable safety incidents, known as their duty of candour. The registered manager showed us a notice clearly describing the importance of openness and honesty about any event at the home. She said policies and procedures to meet this legislation were not yet in place but this was being addressed.

The registered manager and providers met their registration requirements. They maintained good communication with the Care Quality Commission.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**People must not be deprived of their liberty without lawful authority.**

Regulation 13 (5)