Care Quality Commission

Margaret Rose Care Limited

Warberries Nursing Home

Inspection report

Lower Warberry Road
Torquay
Devon
TQ1 1QS
Tel: 01803 294563
Website: www.warberriesnursinghome.co.uk

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

The Inspection took place on 19 and 20 November 2014 and was unannounced.

Warberries Nursing Home provides nursing care and residential care and accommodation for up to 49 people, including individuals living with dementia or mental health needs. On the day of the inspection 38 people lived at the home. The service had a registered manager in post. 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. The registered manager was in the process of relinquishing the post. Another manager had been appointed and was in charge of the home. This manager had applied to become the new registered manager.

During the inspection people and staff were relaxed, there was a calm and pleasant atmosphere. Comments

Summary of findings

included; “It’s wonderful here” and “The staff are lovely, kind nice people and provide a positive service.” People told us they had the freedom to move around freely as they chose and enjoyed living in the home.

People were not consistently involved in identifying their needs and how they would like to be supported. People’s preferences were not actively encouraged or sought. The manager had taken steps to address this and plans had been put in place to ensure people received personalised care and support.

People’s risks were managed and monitored. People were not consistently promoted to live full and active lives or supported to go out in the community. Activities did not meaningfully reflect people’s interests or individual hobbies. The service had employed an activities co-ordinator to address this issue.

There were sufficient numbers of suitable staff to meet people’s needs. Safe recruitment practices were followed. The service had implemented plans to help ensure all staff were appropriately trained and had the correct skills to carry out their roles effectively. One staff member said: “I’m fully up to date with all my training.” Another staff member told us; “I haven’t had all my training, but I am booked on to a course to have it.”

People were treated with kindness and respect. Staff supported people in a way that promoted and protected their privacy and dignity. Comments included, “Staff are excellent, they are lovely, kind nice people” and “My dignity is always respected, the staff are marvellous.” Staff felt the quality of care people received was the best thing about the service.

People were supported to maintain a healthy balanced diet. Dietary and nutritional specialists’ advice was sought so that people with complex needs in their eating and drinking were supported effectively. People told us they enjoyed their meals and did not feel rushed. One person said, “The food here is very nice.”

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People, when required, were supported to maintain good health through access to healthcare professionals, such as GPs, community psychiatric nurses, occupational therapists and physiotherapists.

People told us they felt safe. The manager had sought and acted on advice where they thought people’s freedom was being restricted. This helped to ensure people’s rights were protected. Staff displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Staff described the management as supportive and approachable. Staff talked positively about their jobs. Comments included: “The management listen and care.” And “I really enjoy my job, the management are good and listen to you.”

There were quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised were used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the staff.

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?

Good

The service was safe. There were sufficient numbers of suitable, skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. Staff had not in all cases undertaken adequate training to ensure they had the skills and competencies to meet people's needs.

Staff had good knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People were always asked to give their consent to care, treatment and support.

People were supported to maintain a healthy, nutritional, balanced diet.

Is the service caring?

Good

The service was caring. People were treated with respect and in a caring and kind way.

Staff supported people in a way that promoted and protected their privacy and dignity.

Staff were knowledgeable about the care people required and the things that were important to them in their lives.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive to people's needs. Care records were not personalised and could not currently evidence they met people's individual needs.

Activities were not consistently meaningful and were not always planned in line with people's interests.

People's experiences were not taken into account consistently to drive improvements to the service.

The service had a formal complaints procedure and had responded appropriately to issues raised.

Summary of findings

Is the service well-led?

Some aspects of the service were not well-led. People were not actively involved in developing the service.

The service did not provide accessible tailored ways to promote communication.

Staff were happy in their work and motivated to provide a quality service.

Quality assurance systems were used to drive improvements within the home.

Requires Improvement

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.

The unannounced inspection took place on 19 and 20 November 2014 and was carried out following concerns we had received.

The inspection was undertaken by two inspectors for adult social care. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed information we had received from people who had raised concerns about the service.

The registered manager was not available during the inspection and was in the process of relinquishing the post. Another manager had been appointed and was in charge of the home. This manager had applied to become the new registered manager.

During the inspection we spoke with six people who used the service, five relatives, the provider, the manager, seven members of staff and a volunteer who provided a shopping facility for people who lived in the home. We also contacted three health and social care professionals, a community psychiatric nurse and two physiotherapists, who had all supported people within the home. We also looked around the premises and observed how staff interacted with people throughout the two days.

We looked at five records related to people's individual care needs, three staff recruitment files, training and medicines administration records for all staff and records associated with the management of the service, including quality audits.

Good

Is the service safe?

Our findings

Prior to the inspection concerns had been raised with us regarding the safe administration of medicines. We did not find any evidence to substantiate these concerns.

Risk assessments had been undertaken, however people felt they had not been involved in the decisions about the risks they chose to take. People told us they felt restricted to have choice and control by staff who were risk adverse as opposed to promoting their independence. Comments included; "I would like to get out more but staff are very conscious of my safety." and "I had a fall and as a result staff are very anxious, I sometimes feel it is too safe and I'm not able to take any risks of my choosing." The manager had addressed this issue and a procedure had been put in place to help ensure people were involved and had control and choice over the risks they took.

People told us they felt safe. Comments included; "Staff place paramount importance on safety and I feel very safe here." and "I absolutely feel safe living here." A relative commented; "I am really happy with mum being here and definitely think she is safe."

People were protected by staff who knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. The majority of staff were up to date with their safeguarding training. Staff who had not completed safeguarding training told us accurately what action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. The manager confirmed arrangements were in place and dates had been set which ensured all staff will have received safeguarding training in the very near future.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One staff member commented; "All the necessary checks were completed before I could start to support people, even though I have been providing care for a different agency for a number of years prior to coming here." Staff files contained evidence to show, where necessary, staff belonged to the relevant professional body. For example, one file relating to a qualified registered nurse, contained confirmation of their registration from the Nursing and Midwifery Council.

People told us they felt there were enough staff to meet their needs and keep them safe. One person said; "There are definitely enough staff here, I'm very happy." Staff confirmed there were sufficient numbers of staff on duty to support people. A staff member told us; "I feel there are enough staff to meet people's needs and more staff are being employed all the time." The manager told us staffing levels were regularly reviewed and were flexible to help ensure they could meet the needs of people. They confirmed additional staff could be arranged at any time if the need arose. Staff did not appear rushed during our inspection and acted promptly to support people when requests were made. For example, we observed one person who requested assistance with their toileting needs was supported immediately by staff to have their need met.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff responsible for the management of medicines were appropriately trained and confirmed they understood the importance of their role. Medicines administration records (MAR) were all in place and had been correctly completed. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual's needs related to medicines. Medicines prescribed to be taken 'as required' were recorded accurately and people were offered choice of whether they felt they needed it or not. For example, one staff member asked a person if they would like a tablet that was prescribed 'as required' for pain relief. The person communicated "no" by a shake of their head and the staff member correctly recorded the person's wish.

Requires Improvement

Is the service effective?

Our findings

Prior to the inspection concerns had been raised with us regarding the lack of training staff had received, a lack of effective support for staff and the poor quality of the food served within the home. Prior to our inspection the manager had identified these areas of concern and had taken action to address them. However, not enough time had been passed for some of these changes to be fully embedded into practice and recent improvements shown would need to be sustained.

People were not effectively supported to have their needs met by staff who had all the necessary skills and knowledge. For example, staff had not received manual handling training. However, the manager confirmed that places on training courses had been booked to address the shortfall and we saw up-to-date plans which evidenced this. The manager also commented that additional training was available to all staff via an online system. Senior staff had been booked on to train the trainer courses to provide in house training to staff. The manager said; "staff will no longer have to wait for training courses to become available and can acquire the skills and knowledge they need much quicker."

The manager had recently reintroduced an induction programme for new staff. Staff completed an induction booklet which made sure they had accomplished all the appropriate training and had the right skills and knowledge to effectively meet people's needs. We observed two new staff shadow experienced members of staff and saw the booklet being completed throughout the day. The manager told us this process continued until both parties felt confident they could carry out their role competently. Ongoing training was then planned to support staffs continued learning. A member of staff told us; "I asked if I could complete a refresher course in first aid and I was immediately booked on a course." Another stated; "If you want to do any training you just have to ask and you get put on it."

Staff had not had effective formal supervision. The manager confirmed they had identified this as an issue and agreed supervision had not been maintained to an acceptable standard. A schedule had been drawn up for all staff to receive supervision to address this issue. We saw evidence the first of these had taken place. The staff member who had received their supervision told us; "I was asked if I had any concerns and if I had any ideas on improvements that could be made." The manager told us they had an open door policy and all staff could approach them at any point and raise any issue they had with them and they would take action. Staff confirmed this was the case and felt supported by the manager. Comments included; "I have not had supervision for over a year, but the manager will always make time for me whenever I need time." and "If I have any problems, I can speak to the manager at any time."

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. 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. Documentation demonstrated all appropriate applications had been made and were awaiting authorisation.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who were deemed to lack capacity could be supported to make everyday decisions and the importance of gaining people's consent to the care and treatment they received. Daily notes highlighted where people had been given choice and encouraged to make decisions for themselves and evidenced where people had given their consent. One staff member told us; "Even if a person does not have capacity, it doesn't mean they can't make any decision and I still give them choice, like I will show them different items of clothes in the morning and encourage them to choose which they wish to wear that day." We observed a staff member took time to ask a person, whose relative had requested help for them, if they consented to them providing support with a personal care task. They waited for the person's positive response before assisting the person.

Care records identified what food people disliked or enjoyed and listed what each person required in order to maintain a healthy balanced diet. The Malnutrition Universal Screening Tool (MUST) was used to promote best practice and identified if a person was malnourished or at risk of malnutrition. We spoke to the chef, who had been recently employed to address concerns raised by people

Requires Improvement

Is the service effective?

about the quality of the meals provided. They confirmed they had detailed information on each person's dietary requirements and was able to give people choice and meet their needs effectively.

We observed staff interaction with people during the lunch time period. People were relaxed and told us the meals were good, at the right temperature and of sufficient quantity. Comments included; "The food is very nice here, very good."; "Beautiful food, hot and enough of it." and "More than enough food and pretty good." People who needed assistance were given support and encouraged to have choice. Staff asked people if they were ready for their next spoonful and calmly waited for people to respond before providing it, nobody appeared rushed and all were able to eat at their own pace.

Daily notes highlighted where risks with eating and drinking had been identified and where health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, one person's record evidenced a person had experienced difficulty with swallowing food. Staff sought advice and liaised with a speech and language therapist (SALT). An assessment was carried out and a pureed diet had been advised to minimise the risk. The chef detailed the person's nutritional requirements and confirmed that despite the person's meals needing to be pureed, they had the same choice of meals as everyone else living in the home. All staff showed good knowledge of people's nutritional needs and how they were met.

Good

Is the service caring?

Our findings

Prior to the inspection concerns had been raised with us regarding people's privacy and dignity not being respected. We did not find any evidence to substantiate these concerns.

People told us they were supported to retain their independence and where possible be actively involved in their care and treatment. For example, one person explained how their condition had improved. Staff assessed they were able to retain the knowledge about their condition and understood fully how to self-administer and manage one aspect of their medicine administration. They said; "Staff still hand me what I need, but I am able to test myself and take what I need myself, it does feel nice to have some control back." However, a healthcare professional commented that staff seemed reluctant to allow people to do things for themselves. They felt staff performed tasks for people as opposed to encouraging people to be more independent. For example, staff supporting people who used wheelchairs, would lift people's legs onto the footplate as opposed to encouraging a person to try and do this for themselves.

People told us they were well cared for, they spoke highly of the staff and the quality of the care they received. Comments included; "On the whole, staff are very kind, caring people." and "The staff are kind and courteous to me, they care and I can say that without hesitation." A relative said; "The carers are absolutely fantastic, very nice and very caring. I can't fault them." A healthcare professional commented that staff had a very caring nature about them.

Staff showed concern for people's wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and practical action was taken to relieve people's distress. For example, we observed one member of staff check the well-being of a person. The person was alone and distressed. They offered them choice of where they would like to go, sat with them, talked them through various options of things they might like to do, gave the person time to answer and then respected their wish to remain where they were. The person was calmer and the staff member told them they would return later to check they were well. One staff member commented; "The best thing about working here is the quality of care we provide for our residents."

People were cared for by staff who knew them well. Staff were able to tell us about people's likes and dislikes, which matched what people told us and what was recorded in individual care records. Comments included; "We get to spend time with people."; "I respect people, I get to really know them individually and then I can provide care that really matters to them." and "I sit down with people and take time to listen to them."

People told us their privacy and dignity was respected. One person said; "Staff are marvellous when it comes to respecting my dignity. The other day whilst being washed there was an emergency, staff covered me up and checked I was ok before attending to it." We saw staff knocked on people's doors and waited for a reply before entering people's rooms. Staff informed us of various ways people were supported to have the privacy they needed. For example, one staff member commented how a screen was used to protect a person's dignity when they needed to be hoisted in communal areas of the home.

Friends and relatives were able to visit without unnecessary restriction. One relative said; "I visit every day and I am always made to feel welcome, I'm really happy and very satisfied with everything." Another stated, "I can visit any time of the day or night, and I'm always welcomed by smiling, happy staff."

Requires Improvement

Is the service responsive?

Our findings

Prior to the inspection concerns had been raised with us regarding people being socially isolated and not having meaningful activities to meet people's personalised needs. Prior to our inspection the manager had identified these areas of concern and had taken action to address them. However, not enough time had passed for some of these changes to be fully embedded into practice and recent improvements shown would need to be sustained.

People were not involved with planning their own care. Care records contained detailed information about people's health and social care needs. However, the records had not been reviewed with people or, where appropriate, with people who mattered to them. People's views were not obtained and people were not supported to be actively involved in the care and treatment they received. Comments included; "I have never been asked to be involved, never had any discussion about it." and "I've never been involved in my care plan." The manager had identified this as an area that required much improvement. They had arrangements in place to ensure each person, where able, would be involved in expressing their preference in how they would like their needs met. A new care plan had been designed and implemented which focused on the person as an individual. The manager confirmed they were taking personal responsibility to make sure all care plans were fully updated and personalised and would be reviewed with the involvement of people on a monthly basis.

People were not encouraged or supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. People's comments included; "I don't get to go out and I enjoy going out."; "It can be quite dull, we don't have much to do and it would be nice to be occupied." and "I don't get offered the chance of doing any activity of my choice." A relative said; "I have no knowledge of […] having been taken out for months. He used to go out and used to enjoy it." Staff told us activities both within and outside of the home could be improved. Comments included; "The activities we offer people need improving." and "Activities to meet people's individual need is an area where we need to do better." The manager acknowledged this had been an area that needed addressing. They had recently employed an activities co-ordinator who had started to meet with people on a one to one basis to ascertain what meaningful activities could be put in place to meet people's needs. We saw evidence in people's daily notes which recorded people had begun to be taken out and personalised activities had started to be provided.

The provider told us the activity co-ordinator role was one he was looking to expand on and understood the importance of social contact and companionship. They provided the events programme for December 2014. This included a range of personalised and group activities that helped maintain people's interests and hobbies. The manager explained they had links with the local and wider community that provided entertainment such as church carol singers, college choirs and a donkey sanctuary. They commented that people's family and those that mattered to them were welcome to all the events being held. This helped to maintain relationships and promoted community and social links.

People were not encouraged to be involved and express their preferences and choices through resident forums or questionnaires. Family and friends were not provided with any means of having their views sought so the service could respond and make positive changes to the way people were cared for. The manager agreed people were not currently consistently involved in developing the care, support and treatment they received and confirmed action had already been taken to address this issue. Dates had been agreed for both a resident and a friends and relatives meeting to take place and we saw questionnaires were in the process of being sent.

People, their relatives and health care professionals knew who to contact if they needed to raise a concern or make a complaint. There was a lack of consistency in what people told us about how issues were dealt with and whether improvements had been made. A relative told us; "I raised a concern and it was dealt with, things improved quickly." A health care professional commented that they had raised a concern with the manager. They felt the manager took action to address the issues and improvements had been made following their request. However, two relatives felt their concerns had not been dealt with appropriately and were unsure if any action had been taken to address the issues raised. One relative said; "I made a verbal complaint and in the end had to sort the problem out myself." The manager confirmed action had been taken to prevent that situation from happening again in the future and accepted

Requires Improvement

Is the service responsive?

there was no record of any feedback having been given, as it was a verbal complaint. The manager agreed that, in the future, all verbal complaints would be recorded so action taken could be recorded and learning could take place.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed in the entrance to the home. We looked at four written complaints made to the home. Each complaint had been thoroughly investigated in line with Warberries' own policy and appropriate action had been taken. The outcome had been clearly recorded and the feedback given to the complainant documented.

Requires Improvement

Is the service well-led?

Our findings

Prior to the inspection concerns had been raised with us regarding the management of the home. We found the provider had identified areas where improvements in the management structure within the service was required and had taken action to address them. However, not enough time had been passed for some of these changes to be fully embedded into practice and recent improvements shown would need to be sustained.

The service did not encourage open communication to take place. There were no tailored accessible ways that people, their relatives or staff could be actively involved in developing the service. People's comments included; "I have never been aware or told of any meeting taking place for us to share our thoughts." and "I don't recall ever being asked my opinion on anything. That would be nice." A member of staff commented; "I can't even remember the last time we had a team meeting, a long time ago I know that." The manager commented that the service had an open door policy and people could speak with them about any issue at any time. They were fully aware the service did not currently have any formal structured way of enabling people to have a voice. They informed us and showed us detailed evidence that a clear plan had been put in place to address this issue. Dates had been set to obtain the views and experiences of all the people living in the home, those who mattered to them and the staff. We were told this would be achieved through various means of communication, which included group and individual meetings, supervision and questionnaires. The manager confirmed this process would help people to feel involved and have a sense of control over how they were cared for. The information obtained would then be used to help enhance and develop the service and drive improvements which reflected people's preferences and needs.

Health and social care professionals who had involvement in the home were unclear over the current management structure and commented that communication could be improved. They felt the service was not quick to make contact if any issues arose, although did comment this had improved recently.

The provider confirmed the service had gone through a period of restructuring with regards to the management of the service throughout the past 12 months. People, their relatives and staff confirmed with the new manager in post they had noted a positive improvement had been made. Staff comments included; "There is a better management structure, much clearer and more approachable."; "Recently there has been a change for the better regarding the management. Much improved." and "There have been a lot of changes and things have got a lot better recently." A relative commented; "The recent changes in management have been for the better." The provider told us he was pleased to have a permanent full time manager in place. The new manager was aware of his responsibilities and the challenge they faced and was fully supported by the provider to deliver what was required of them.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The service had an up to date whistle-blowers policy which supported staff to question practice and defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the manager and was confident they would act on them appropriately. Comments included; "I would be confident if I raised any concerns action would be taken and I would be supported." and "I know I would be listened to, I wouldn't have any hesitation to speak to management if I had concerns about anything."

Staff told us they were happy in their work and management motivated them to provide a quality service and understood what was expected of them. Comments included; "I feel good really good both supported and motivated by management."; "Management help me to feel confident, they give me feedback that encourages me to improve." and "It's wonderful here, I'm very happy in my work."

There were effective quality assurance systems in place to drive continuous improvement of the service. The management carried out regular reviews which assessed the home's standards against the CQC regulations and guidance. We saw evidence this had been recently completed and recommendations to improve practice had been identified and actioned. For example, a cleaning audit highlighted a need to increase the hours allocated to domestic tasks. New cleaning schedules had been developed to raise the standard of cleanliness throughout the home.