

Marsden Healthcare Limited

The Turrets Residential Care 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

About the service

The Turrets Residential Care Home is a care home providing personal care to a maximum of 19 people with a physical disability, learning disability or mental health diagnosis. The home was located within a community setting. Each person had their own room, shared bathroom facilities and communal areas. A small enclosed garden was situated within the grounds. At the time of our inspection, 19 people were living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The safety of people who lived at the home was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. People were confident to raise any concerns they had with staff and the registered manager. Risk assessments had been developed to minimise the potential risk of harm to people.

Staff's suitability to work with vulnerable adults at the home had been checked prior to employment. For instance, previous employer references had been sought and a criminal conviction check undertaken. Staffing levels were sufficient to meet people's needs and protected them from harm. People received their medicines as required, from trained and competent staff. Staff ensured people were protected from the risk of acquiring an infection during the provision of their care.

Staff had received training to meet the needs of people who lived at the home. They had also received regular supervision and an appraisal of their work performance. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives, staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were kind, understanding, and compassionate. People had good relationships with staff. They told us

the staff were kind and caring. Staff were non-discriminatory towards people in the home and treated them with dignity and respect.

People were supported by a registered manager and staff who knew people's personal and individual needs well. Care was personalised with people's communication needs met.

The registered manager understood their role to promote a positive culture which was person-centred and empowering. Staff commented that the registered manager was supportive and open. Quality monitoring systems were in place, and the provider completed various audits to assist them in monitoring and helping them to identify how to improve people's experiences.

Rating at last inspection: The last rating for this service was good (published August 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Turrets Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at the home and one visitor about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and care staff.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and the management of staff supervision. A variety of records relating to the management of the home, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person told us, "The staff go out with me to the shops. This makes me feel safe". Another person told us, "I like to be independent but having the staff around makes me feel safe and protected".
- The staff had received safeguarding training and regular updates were provided. They told us they would speak to the manager or director if they believed people were at risk of abuse.
- Safeguarding concerns had been raised appropriately with the local authority, and notified to CQC, as needed.
- Staff understood whistleblowing and there was a policy in place to support them.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, recorded and updated when their needs changed.
- The staff we spoke with understood where people required support to reduce the risk of avoidable harm.
- Staff used de-escalation plans when people became anxious or distressed. They were aware of people's needs and the triggers which increased people's anxiety.
- The environment which people lived in and equipment used appeared safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

- People and staff told us there were enough staff on duty. People told us there were enough staff to support them with personal care and to go out with them daily.
- The registered manager said four staff were on duty each morning and three in the afternoon. At night there were two waking staff.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Using medicines safely

- People who required support with medicines received this in a safe way. Staff were trained in the safe administration of medicines.
- Staff told us medicines were administered in people's rooms.
- The management team audited medicines regularly to check medicine administration records (MAR's) had been completed correctly and people had received their medicines safely. The local pharmacist visited

to carry out medicine's audits.

Preventing and controlling infection

- Systems were in place to reduce the risk of infection.
- The home was clean and free from odours. Staff were allocated tasks during each shift to maintain the cleanliness of the home. Some people were able to clean their own rooms.
- Staff told us they were provided with personal protective equipment to reduce the risk of infection.
- There were appropriate disposal systems in place for waste items which were stored securely.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. They were discussed at regular staff meetings, as a learning opportunity.
- When untoward events happened, action was taken to mitigate the risk of recurrence. One example included two waking night staff were put into place instead of one sleeping and waking. This was in the response to increased falls that had been identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Some people had lived at the home for over 20 years. Their needs and wishes were regularly reviewed to ensure they received the care and support they needed. This included all aspects of their care needs such as how they communicated, their preferences, and how they liked to spend their time.
- There had been several new admissions to the home since the last inspection. The registered manager told us that all potential admissions were carefully assessed to ensure they would fit in with people and be happy at the home. Also, that their needs and preferences could be met.
- Each new person completed a period of transition to the home. This included regular visits to the home prior to moving in permanently.

Staff support: induction, training, skills and experience

- Staff received an induction and mandatory training that enabled them to support people in a way that met their needs effectively.
- New staff shadowed more experienced ones as part of their induction. This increased their knowledge of people living at the home, their routines and preferences.
- The induction was based on the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- Each member of staff had an up to date training matrix. The training matrix identified when mandatory training required updating and when this took place.
- Some staff had undertaken specialist training specific to the home and people's individual needs. This included dementia, autism, epilepsy and diabetes training.
- Staff received regular supervision and annual appraisals of their performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink throughout the day. They were supported to enjoy a variety of food and drinks that were nutritious and met their individual needs.
- People ate breakfast, lunch and tea at the times which suited them. They chose what they wanted to eat and were supported by staff. Some people chose to eat meals together with others. Other people chose to eat alone.
- There was a menu which was also in pictorial format displayed on the wall in the kitchen area. This had been developed with people and reflected their choices. Alternative choices were available each day and these were also displayed in pictorial format.
- Some people helped the staff with meal preparation and were able to make snacks for themselves. Other

people required the support from staff.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff were observant of people's changing needs and consulted external professionals for support. For example, to support with positive behavioural management.
- People had annual health checks to help monitor their ongoing health.
- Staff had good working relationships with external healthcare services and people received ongoing healthcare support to maintain their health.
- Staff accompanied people on health and hospital visits when required. One person told us, "I am able to attend health appointments on my own. I do let the staff know how I get on".

Adapting service, design, decoration to meet people's needs

- The home was comfortable and well furnished. People's rooms contained personal possessions to reflect their individual personalities and the décor took account of people's individual needs and preferences.
- People had appropriate space to socialise with others, eat in comfort, or spend time alone if they wished to.
- The provider continued to have a redecoration plan in place. When rooms became available, they were decorated ready for the next person.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records contained mental capacity assessments that had been completed to record whether people were able to make decisions about their care. Where people could not make decisions, best interest decisions involving relatives and other health and social care professionals were documented.
- Staff had received training relating to the MCA. They told us they always presumed people had capacity and gave them opportunities to choose or make decisions about their care.
- We saw evidence of DoLS applications and authorisations within people's records.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a good understanding of the importance of understanding and respecting people's differences and were knowledgeable about diversity and human rights.
- Staff knew how to support people's diversity needs including their religious and cultural beliefs and traditions in areas such as diet and personal care needs.
- People were treated well by staff who were kind, caring and knew them well. People looked calm and appeared happy around staff. One person told us, "I am very happy here. The staff are always cheerful. We have a laugh and a joke".

Supporting people to express their views and be involved in making decisions about their care

- People had the opportunity to take part in resident's meetings. These meetings gave people the opportunity to communicate with one another and to make suggestions. The registered manager understood the importance of involving people in making decisions for themselves wherever possible.
- Staff encouraged people to advocate for themselves when possible. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and their need for privacy. For example, some people liked to spend time alone in their rooms. Other people chose to spend time in communal areas with friends. This was recorded within people's care records.
- People's independence was promoted as much as possible. Care plans detailed people's abilities and reflected how people's independence should be promoted.
- People were encouraged to participate in household chores such as cleaning, cooking and doing their laundry.
- People were supported and encouraged to maintain relationships important to them and keep in touch with their families. Some people had formed close relationships with other people who lived at the home.
- Staff demonstrated commitment to helping people develop their skills and independence. A staff member told us the aim of care and support was to help people grow as a person.
- People's personal information was stored securely which helped to maintain their privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records contained personalised information about people's care and treatment needs. This included information for staff on how to provide people with safe and effective care. Staff told us they read people's records and were kept well informed about their needs.
- Staff knew people well and could tell us about people's needs including their individual likes and dislikes.
- Staff told us how they communicated with people and their relatives to obtain important information in relation to people's needs and preferences.
- Daily records were also completed for each person. These were completed by the staff to ensure they had up to date information about people's current needs.
- The staff at the home had supported people by providing personalised care and support. We were given examples whilst speaking with people of how the staff had supported them. The staff had supported people to set and achieve goals. This included for example stopping smoking and drinking alcohol.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available for people in a range of formats they could understand, such as pictures.
- The different ways in which people communicated was recorded within people's care records. For example, one person was not able to read or write. Information was given them which was in a pictorial format.
- Staff demonstrated a good understanding of how each person communicated and how to present information to help them to understand it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Exercise and healthy eating was promoted by the staff at the home.
- People were encouraged to remain active. This included going out on regular walks with staff.
- Two people chose to attend Zumba and keep fit sessions which were held at a local community centre.
- Two people who had formed a close friendship were being supported by staff to plan a holiday with each other and a staff member. They were being supported to budget for this.
- People were supported to do the things they enjoyed. One person for example had an interest in

aeroplanes. The staff supported the person to go plane watching. Another person enjoyed supporting a particular football club. As the football club was far away, they were able to watch football matches at the local pub with staff.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which outlined how complaints would be responded to and the time scales. The complaints process was available in an accessible format.
- People knew how to make a complaint if they were unhappy. Since the last inspection one complaint had been raised. Records showed this had been investigated and resolved.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive staff culture. They had previously worked as the deputy manager at the home. Staff said they worked well as a team. One staff member told us, "We have a lovely team here. It definitely helps as morale is very good".
- Staff, people and visitors spoke positively about the registered manager and deputy manager. One person told us, "The management team are very good at what they do. Since they have been in post, we have seen lots of changes". A visitor told us, "I have every bit of faith in the management".
- Staff were person centred and positive about making changes to improve the care and support people received. One staff member told us, "Everything we do here is all to enhance people's life's".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems continued to be effectively operated and had maintained the quality and safety of the home. Audits identified issues and action was taken to address them.
- The registered manager understood the regulatory requirements and reported information appropriately. Processes were in place to respond appropriately if something goes wrong and meet their legal obligation to let people know.
- Legal requirements, such as displaying the rating from the last inspection and notifying CQC of significant incidents were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Annual surveys were sent out to people. They were able to give feedback about the care and support they received. Action plans were in place to address any shortfalls within the home.
- Monthly staff meetings were held. Staff we spoke with told us they felt they were listened to. Copies of the

meeting minutes were shared with staff.

- Regular resident meetings were held throughout the year. At the last meeting topics such as activities, meal menus, complaints, safeguarding and holidays were discussed.
- The registered manager held awareness sessions with people. This focussed on different topics of interests. For example, a session was held with people regarding voting in the election, their rights and the support available to them. This had resulted in a high number of people voting. Other sessions focussed on keeping people safe, coping with bereavement and healthcare topics.

Continuous learning and improving care. Working in partnership with others

- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care, staff learning and support arrangements and organisational changes.
- The home worked with health and social care professionals to provide joined up and consistent care for people.
- The registered manager planned to attend forum meetings run by the local authority within the next few months.