Torcare Limited

Torpoint Nursing Centre

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

The inspection took place on 15 March 2016 and was unannounced.

Torpoint Nursing Centre is owned and operated by Torcare Limited. They also own two other care homes in East Cornwall, providing residential and nursing care to older people as well as a domiciliary care agency. Torpoint Nursing Centre provides residential and nursing care for up to 54 older people. Some people may be living with dementia, or have physical and mental health needs. On the days of our inspection 38 people were living at the care home. Torpoint Nursing Centre is separated into four different areas, each specialising in different levels of care and support for people. These included residential, nursing, and dementia care. The home has two floors, with access to the upper floor via stairs or a passenger lift. Some bedrooms have en-suite facilities. There are shared bathrooms, shower facilities and toilets. Communal areas included one lounge, two lounge/dining rooms, and three dining rooms. There is a garden patio and seating area.

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.

People told us they felt safe living at the service. Staff, knew how to recognise abuse and were confident about what action to take to protect people. People told us there were enough staff to meet their needs. Some staff told us, more staff were required to help ensure quality time could be spent with people, for example to participate in social activities. The provider was aware of how staff were feeling and the recruitment of additional staff was currently taking place. Staff had been recruited safely to help ensure they were suitable to work with vulnerable people.

People told us staff were kind and caring. Staff knew people well, which meant they could meet their needs in an individualised way, whilst engaging in meaningful conversations. People's independence, privacy and dignity was promoted. People were respectfully cared for at the end of their life. Nursing staff had good links with GP's to help ensure a co-ordinated and sensitive approach.

People were encouraged to balance the risks associated with their care, so as not to restrict their life. People had risk assessments in place to help provide guidance and direction to staff about how to minimise any risks. People lived in a clean environment which was free from odour. Staff followed infection control practices to help protect people from the spread of infections.

People told us the meals were nice, however, the provider was in the process of taking action in response to the outcome of a recent survey which had shown meals were not always liked by people.

People's consent was obtained when required, and people's mental capacity had been assessed. When a

person did not have capacity, documentation showed legislation had been followed to ensure people's human rights were protected. Not all staff understood how people's human rights should be protected so the provider told us further training would be arranged.

People told us their needs were met, and people had care plans in place which were individualised and provided guidance to staff about how to meet people's individual needs. People could participate in social activities, were encouraged to be part of the local community and had their religious and spiritual beliefs respected.

People were cared for by staff who were experienced and attended training. Nursing staff kept their clinical practice up to date to maintain their professional registration with the Nursing and Midwifery Council (NMC). People received their medicine safely, and people had there changing health care needs referred to relevant health services in a timely manner. People felt confident to complain and the provider used complaints positively, for example to learn and improve the service.

People and staff were encouraged to provide feedback about the quality of the service. The provider had systems in place to monitor the quality of the service and to help ensure it met people's individual needs. People, families and staff had confidence in the management and leadership of the service. Staff told us they felt supported.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. The provider knew how to notify the Care Quality Commission (CQC) of any significant events which had occurred in line with their legal obligations.

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.

People told us they felt safe.

There were enough staff to meet people's needs.

People received their medicine safely.

People had risk assessments in place to help provide guidance and direction to staff about how to minimise risks associated with their care.

People were protected by infection control practices.

Staff knew what action they would take if they suspected abuse was taking place. Safe recruitment practices were in place.

Is the service effective?

Good

The service was effective.

People liked the meals provided.

People were protected by the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) as the registered manager understood the legislative framework. Some staff had limited knowledge of the MCA and DoLS, which meant people's human rights may not always be protected. The provider told us further training would be arranged.

Staff received training to help meet people's needs.

People had their health needs met. People's changing care needs were referred to relevant health services in a timely manner.

Is the service caring?

Good

The service was caring.

People told us they liked the staff and that they were kind.

Staff knew people well and spoke of them in affectionate terms.

People were respectfully cared for at the end of their life. Nursing staff had good links with GPs to help ensure people's care was effectively coordinated.

Is the service responsive?

Good

The service was responsive.

People told us they had their care and support needs met.

People's care plans were individualised and provided guidance and direction to staff about how to meet people's care needs.

People felt confident to raise concerns or complaints and knew who to speak with.

Is the service well-led?

Good

The service was well led.

People and staff were encouraged to provide feedback about the running of the service.

There was a management structure in place and staff told us they felt well supported.

People and their families told us they had confidence in the leadership of the service.

The provider had systems and processes in place to monitor the quality of service, and to help ensure it met people's individual needs.

Torpoint Nursing Centre

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.

We visited the home unannounced on 15 and 16 March 2016. The inspection team consisted of two inspectors, a specialist advisor for older people's nursing care, and one 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.

Before our inspection we reviewed information we held about the home. We reviewed notifications of incidents that the provider had sent us since the last inspection and previous inspection reports. A notification is information about important events, which the service is required to send us by law. We also contacted the local authority service improvement team, and Healthwatch Plymouth and Cornwall for their views.

We spoke with twenty one people living at the service, nine relatives/visitors and a visiting health care professional. We also spoke with ten members of care staff, two nurses, two chefs, a kitchen assistant, the housekeeper, the hairdresser, the administrator, the registered manager and the nominated individual. The nominated individual is responsible for ensuring the services provided by the organisation are properly managed.

We observed care and support in communal areas, and watched how people were supported during lunch. We spoke with people in private and looked at four care plans and associated care documentation. We pathway tracked four people who lived at the service. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and treatment. We also looked at medicine administration records (MARS), as well as documentation relating to the management of the service.

These included policies and procedures, audits, staffing rotas, six staff recruitment and training files, the

providers overall training plan, and quality assurance and monitoring paperwork. We assessed and reviewed the safety and cleanliness of the environment. After our inspection we requested feedback from a GP practice.

Good

Is the service safe?

Our findings

People told us they felt safe, comments included, "They're always around checking on me" and "I feel safe here". A relative expressed, "It is a relief to know he is safe here". People were protected from abuse. Staff received training, understood the different types of abuse which could occur and were confident about the action they would take if they suspected someone was being abused, mistreated or neglected. For example, contacting the local authority or police. The nominated individual told us, "Very often I ring (the local authority) for advice, it gives me confidence that I'm not missing something". Safe recruitment practices were in place and records showed checks were undertaken, this helped to ensure the right staff were employed to keep people safe.

People's independence was promoted and when a risk was identified, pro-active approaches were taken to help ensure the person's freedom was respected. For example, one person who liked to get up during the night had been frequently falling. This had been recognised by the service. Staff had got together to openly discuss "what can we do"? As a result of this, an alarm had been placed in the person's bedroom to alert staff, so the person could be supported to reduce the risk of them falling. The registered manager told us it was important to enable people to take risks, and continue to live their lives as independently as possible?. Risk assessments were in place to help minimise possible risks and provide guidance and direction for staff.

The provider had a system in place to review accidents and incidents, which helped to reduce re-occurrence by identifying themes and by taking necessary action. For example, the provider explained how assessing the times of day a person fell, helped with staffing level reviews and the development and review of people's care and support plans.

People lived in a safe environment; the provider had systems in place to monitor the safety of the premises. Fire and manual handing equipment was serviced in line with manufactures requirements to ensure it was safe.

People lived in an environment free from odour "They are always cleaning, their rooms are spotless, you can't ask for anymore". Staff had received infection control training and followed cleanliness procedures. An external infection control audit had been carried out, and the provider had promptly taken action to address areas requiring improvement. The provider had a good understanding of their responsibility to inform external agencies, such as the health protection agency (HPA) in the event of a notifiable illness.

People were supported by sufficient numbers of staff to meet their needs. People told us, "There's always plenty of staff on, they are in and out of my room all day", and "I can't get out of bed at the moment but they are always calling in and checking up on me. Relatives also agreed, telling us "I visit most days and there is always enough staff and there seems to be more at weekends" and "You can always get hold of a staff member if needed".

Getting staffing levels right at the service was a main priority. The nominated individual told us, "My job is to make sure people are safe". Staffing dependency tools were used to help ensure there were the right

numbers of people on duty. The nominated individual told us, it was important to have a "Good cross-section of staff, so the team compliments each other, for example experienced staff with wisdom, as well as new staff, with new ideas". When people's care needs changed, staffing was reviewed, for example a 4pm to 8pm shift had been introduced because people's needs had increased. Staff comments were variable about staffing levels, whilst some staff told us there were enough, others disagreed. The registered manager was already aware of this, and as a response a staffing review meeting had been held to obtain feedback.

People received their medicine safely. Staff had received training and there were systems in the service to order, store and administer medicines safely. The provider audited the management and administration of people's medicines, to help identify areas which may require improvement. People, who received their medicines covertly, had the necessary documentation in place, in line with the Mental Capacity Act 2005 (MCA).

Good

Is the service effective?

Our findings

People received care from staff who had undertaken training to be able to meet people's individual needs, such as dementia care. People and their relatives told us the staff were knowledgeable and they felt confident in staff's approach, with one person telling us, "I think staff are well trained".

Staff received supervision and annual appraisals to discuss their role and ongoing development, and staff confirmed they felt well supported. Nursing staff ensured their clinical training was kept up to date, so their registration with the Nursing and Midwifery Council (NMC) was maintained. The NMC is the registered body for nursing and midwifery and every practicing nurse is required to be registered.

There was an induction programme for new staff. This helped to make sure staff received training such as moving and handling, safeguarding and first aid prior to working independently with people. It also introduced them to the culture of the service, and to the provider's policies and procedures. The care certificate had been incorporated into the provider's induction. The care certificate is a national induction tool which providers are required to implement, to help ensure staff work to the desired standards expected within the health and social care sector.

People's consent was obtained prior to staff assisting them or before receiving care and treatment. One member of staff told us, if people did not want help they would encourage them, but explained if people said "no" their wishes were respected.

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's mental capacity had been assessed and when a person did not have capacity, documentation showed the legislative framework had been followed. Decisions had been made in people's best interests, with the involvement of their family or other professionals.

People who may be deprived of their liberty had been assessed. Some Deprivation of Liberty applications were awaiting approval by the local authority and copies were held within people's care plans. 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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The nominated individual explained if they were ever unsure about whether a person required an application to be made, they would always seek advice from the local authority, telling us "I'm a great believer in picking up the phone". Care staff received training in respect of the MCA and DoLS, however staffs understanding, unlike the registered manager, nominated individual and nursing staff was limited. However, during our inspection action was already being taken to address this.

People told us they enjoyed the choice and quality of meals, commenting "Food is lovely", and "I am offered choices". People's likes, dislikes and health conditions were recorded so people's individual needs were known and could be met. Meals were presented in a manner which was attractive and appealing in terms of texture, flavour and appearance in order to maintain people's appetite and nutrition. The chef told us, "Visual….it's an important consideration". People's lunch time experience varied deepening on which area of the service they lived. For example, in some dining rooms staff were attentive, offering choices and promoting independence. Whereas in other dining rooms this did not happen. We shared our observations with the registered manager and nominated individual, who immediately told us they would address this with staff and think of ways to make improvements.

A nutrition champion had recently been introduced to help make sure people who required specialist crockery or cutlery were provided with it, and to obtain daily feedback about the quality of the meals. The role helped to promote change within the service regarding nutrition, for example it had been recognised some people were able to help themselves to their breakfast, so a buffet service had been trialled to see if people liked it.

People who were at risk of losing weight were effectively monitored and external professionals were consulted when necessary. Staff tried to encourage people when they did not want to eat, and pro-active approaches were taken when staff recognised people did not like something. For example, one person's care plan detailed how staff were now "Trying different flavours of supplements to encourage her to not refuse".

People had their health needs met. People's changing care needs were referred to relevant health services. People's care records demonstrated a variety of health care professionals were contacted as necessary, for example, community nurses, opticians, chiropodists, and speech and language therapists. An external health professional told us communication was good and staff always acted on advice given.

Good

Is the service caring?

Our findings

People had positive relationships with staff and told us, "One member of staff brings me flowers and chocolates", "I didn't have a good night last night but I was well looked after by the staff" and "More than anything is that everyone here is kind". Relatives commented, "Excellent care, the staff are fantastic they are really very good", "It's nice to be asked by the staff how I am feeling" and "My relative is cared for remarkably well and the compassion shown is second to none".

People's friends and families were welcome to visit at any time of the day, one relative told us, "Staff welcome me with a cup of tea and it's lovely". People's religious and spiritual needs were respected, and people who wanted to attend church but required assistance were supported.

Staff knew people and their relatives well, and spoke passionately about how they felt about the people they cared for telling us, "We really do care about these people, it is not just a job" and "I love all the old people… lovely characters". The registered manager and nominated individual also knew people well, and through their caring manner, were role models to the staffing team.

Thank you cards displayed showed the gratitude of relatives, cards read "Thank you for the wonderful care you gave my Father" and "You have all been so important in giving him a quality of life and respect that is far above the bar that is expected. I am so grateful that he had his final days with you. Simply the best".

People who were unable to effectively communicate, were given time to express themselves, with people's facial expressions showing that the kind approach displayed by staff, provided re-assurance and enriched their day.

People who become upset were comforted, for example one person became agitated. Staff recognised this, and their patient and calm approach meant the person's agitation diminished.

People were involved in their care; staff listened and respected people's wishes. For example one person's face needed wiping. Staff asked on different occasions if they would like help to wash it, but the person said "No", so their decision was respected. Another person walked without shoes on, they told staff that they did not want them on, the member of staff replied, "As long as you are comfy".

Staff spent time with people when they wrote in care plans, rather than sitting in an office meaning people were encouraged to be part of their care plan. Staff handovers were used to discuss each person, and reflect whether people were being effectively involved in their care. Relatives told us, they felt involved and were always informed of any changes or concerns staff may have. Advocacy services were offered and arranged for people, who wanted independent advice or guidance.

People's privacy and dignity was promoted, and people confirmed staff were always respectful. Staff knocked on people's bedroom doors prior to entering and called people by their preferred name. People's

personal care and support needs were discussed privately and people's care records were stored securely to ensure confidentiality was maintained.

People were supported at the end of their life; to help make sure they had a comfortable death. Grieving families were observed to be treated with kindness, patience and compassion by all staff. Nursing staff liaised with external professionals to help ensure a co-ordinated approach was taken regarding the management of any pain. Relatives had written to thank staff for the compassion shown at the end of their loved ones life, with one card stating "Thank you so much for everything you all did to make my Grans last few days as peaceful and dignified as you could, we appreciate your care more than we can tell you".

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People told us, "The staff are very good. I've had an infection recently and staff have sorted it out for me and it's a lot better", "I like to go out for walks so if my wife isn't here, a member of staff takes me" and "I didn't feel well during the night, but they came and sorted my stomach problem out. I feel better than what I did". A relative explained to us, how they had seen an improvement in their loved one since they had come to live at the service.

People prior to moving into the service had a pre-assessment, to help ensure their needs could be met. The pre-assessment helped to create a personal care plan, detailing people's individual likes, dislikes, preferences and wishes. Care plans contained information about people's clinical nursing needs as well as their social needs, and provided guidance and direction to staff. When changes occurred, care plans were reviewed and updated. People were aware of their care plans and told us, "I know I have a care plan about me" and "Staff write daily about me and will tell me what they have written".

People and their relatives told us they were kept informed, and felt they could ask questions at any time. People and their relatives had been involved in reviews of their care. People's independence was promoted; for example, a member of staff assisting one person with their meal provided encouragement by asking, "Would you like to try yourself".

The staff pro-actively reflected on the care people received and came up with solutions to help improve the quality of people's lives. For example, some people were being disturbed at night, because their individual care needs, meant staff needed to check they were safe. However, staff felt people's sleep was being disturbed unnecessarily. So people had been asked if they would prefer a sensor mat, which would alert staff that they required help, rather than the consistent checking.

People who needed to attend hospital were supported to help ensure their visit went smoothly, this was particularly important for people living with dementia. The staff worked with the hospital frailty team, to make sure the person was seen promptly when possible, and introduced to and met by professionals on arrival, such as a hospital porter.

People were able to participate in social activities, with one person commenting "I enjoy playing dominoes and there's always a member of staff to try beat me". People were also encouraged to be part of the local community, for example to visit the local town. One member of staff was heard to say to one person, "The hairdresser is coming tomorrow...then we'll go down the town for our coffee…what kind of cake are you going to choose this time". Some staff however felt there was not always enough time to participle in activities because of staffing levels. We spoke with the registered manager about this, who explained they had already recognised improvements were required and were taking action to recruit more staff.

The weekly hairdressing service called "Silver Scissors" had recently been created to encourage people to get together socially, for a chat, and to enjoy tea and cake. One person told us, "I really enjoy having my nails and hair done. The new hairdresser is lovely". The hairdresser spoke passionately about the importance of

people having one to one time to talk.

People did not raise any complaints with us, with one person telling us, "There are no complaints to make about the home". However, people felt they could share any concerns or complaints that they may have with staff. Relatives were confident about making complaints and told us they felt they would be listened to, taken seriously, and acted upon. The registered manager and nominated individual told us "We pride ourselves on how we work with relatives" explaining the importance of open communication. The provider used complaints to facilitate learning across the service to help ensure there was no repetition.

Good

Is the service well-led?

Our findings

People knew who managed the service, and were happy with the way the service was run. One person told us, "The staff and management are very approachable". A relative told us about the caring nature of the management team by telling us, "When I'm feeling down I can go to the manager's office and have a good blub".

The management team which consisted of the registered manager, senior nurse and nominated individual demonstrated good management and leadership. Staff told us, "If I've got a problem I can go to any of them, they are approachable". There was a whistle blowing policy in place and staff told us they were not fearful about raising concerns.

The management team knew people well and took time to walk round the service, speak with people and staff whilst addressing any issues which arose. People's feedback was used positively to make changes. For example, the provider had recently asked people for their views about the quality of meals. The feedback had been varied, so meetings had been planned with people and staff to establish what improvements could be made. The nominated individual told us, "We are very keen whatever goes on, we want to involve everyone, residents, relatives, and staff".

The provider had a care standards committee which had been set up to discuss the running and delivery of the service, as well as relevant topics affecting care homes. Meetings were held twice yearly or more frequently if required. The committee was made up of representatives from each Torcare Limited home including residents, staff, managers, family members and friends of Torcare. This demonstrated the provider's inclusiveness and willingness for the service to be part of the community.

The provider had systems in place to help maintain the quality of the service, some of which included wound care, care plan and medicine audits. These audits were used to help highlight areas requiring improvement so prompt action could be taken.

An annual survey was also used to determine the quality of the service. However, the provider had been disappointed by the low number of surveys which had been returned. They had taken action to change the survey, to help ensure it was in the most suitable format as it was felt, this could have been a contributing factor.

Policies and procedures were in place, discussed and accessible to staff. This helped to ensure staff understood what was expected and underpinned their working practices. There was a system in place to review and update policies in line with changing legalisation or new guidance.

The provider held management meetings to discuss the day to day management of the service and the management team attended training and supervision to help develop their own knowledge and practices.

The management team listened positively to our inspection feedback and were proactive in making

changes when we identified areas for improvement as part of our inspection. The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The provider knew how to notify the Care Quality Commission (CQC) of any significant events which had occurred in line with their legal obligations.