Methodist Homes

Torrwood Care Centre

Inspection report

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Wells
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 29 and 30 November 2016 and was unannounced.

Torrwood Care Centre is owned by Methodist Homes and is registered to provide nursing and personal care and accommodation for up to 82 people. At the time of our inspection there were 81 people using the service. The home is organised into three units: Beech House and Copper Beech providing care for people living with dementia and Oak House providing nursing care.

There is 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.

There were inconsistencies in the staffing arrangements specifically on Copper Beech. We observed a lack of staff availability to support people and provide assistance or prompting. There were periods when people became confused or unsettled and staff were not available to relieve this distress. However, in other parts of the home this support and availability of staff was present.

We have made a recommendation about reviewing the staffing arrangements.

People and relatives told us they felt safe in the home. One person told us "I feel safe here and know staff will help me if I need it." One relative said, "There are good communications between family and the home. We have real confidence that we will be contacted if needed and consequently we sleep soundly without worrying."

Staff demonstrated their knowledge of abuse and responsibilities to report any concerns about possible abuse. Staff were confident the registered manager would act to protect people if told of any such concerns. The registered manager had acted to protect people and responded professionally to any concerns or incidents, which placed people's health and welfare at risk.

The registered manager had, as required, made applications under the Mental Capacity Act 2005 and obtained authorisations under Deprivation of Liberty Safeguards (DoLS) arrangements. Where people lacked capacity their rights were upheld and their health and welfare protected.

People told us they felt confident about staff having the necessary skills and training. One person told us "The carers are good and really know what they are doing and I can depend on them for anything."

People had access to community health services and their GPs when this was requested. Healthcare professionals we spoke with were positive about the care provided by the service. There were good relationships with outside professionals and people had access to specialist support and advice.

People told us they enjoyed the varied menu and always had a choice of meals. One person said, "The food is good and I always enjoy my meal." The service ensured people's nutritional needs were met and took action to address any concerns about people physical wellbeing and ensure they were able to have a healthy diet suited to their needs.

People spoke of respectful staff who recognised their right to privacy and upheld their dignity. People and relatives spoke of caring, courteous, professional and friendly staff. One person told us "I always feel staff treat me with respect and speak to me how I like to be spoken to." A relative said, "The caring is good and some of it is outstanding and (Name) has benefited from that."

People were encouraged to be as independent as possible. One person told us "I try and do as much as I can for myself staff know I want to and they let me get on with it as best I can."

There was a welcoming environment where people were able to maintain their relationships with family and friends. People and relatives told us there were no restrictions on visiting.

People felt able to voice their views or concerns about the service. There were regular meetings where people living in the home and their relatives were kept informed about the service and people could give feedback about the quality of care provided in the home.

The registered manager promoted a caring culture in the home and maintained an open and approachable environment for people and staff.

There were quality assurance systems in place which helped in maintaining and improving the quality of care provided by the service. A home improvement plan demonstrated how areas for improvement had been actioned. The registered manager had ensured they had the opportunity to update their knowledge and experience through attending local professional support group and being part of a clinical pilot to improve practice in the management and care of people with or at risk of pressure ulcers.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People in the home did not always benefit from staffing arrangements to meet their needs in a timely way.

People were supported by staff who knew how to recognise and report abuse.

People's medicines were managed, administered and stored safely.

People were supported by staff who had received pre-employment checks to ensure they were suitable for the role.

Risks to people were identified and assessments were in place to reduce the risks.

Is the service effective?

Good

The service was effective.

People rights were upheld and health and welfare protected.

People were involved in decisions about their lives.

Staff acted in people's best interests where people were unable to make decisions for themselves.

People benefitted from having their nutritional needs met effectively.

People had access to community based health services to ensure their health needs were met.

Is the service caring?

Good

The service was caring.

People were cared for by kind, thoughtful and friendly staff.

People were responded to by staff in a respectful and dignified

manner.

People were able and supported to make choices and decisions about their daily routines.

Is the service responsive?

Good

The service was responsive.

People benefited from meaningful and stimulating activities.

People had the opportunity to be involved in the arrangements for the providing of their care.

People and their relatives felt able to raise concerns with the registered manager and staff.

Is the service well-led?

Good

The service was well led.

People and staff were supported by an approachable registered manager.

People benefitted from a culture which promoted flexibility, respect and person centred care.

The service had a comprehensive quality assurance system to measure the quality of care and identify improvements.

People could be assured of continuous improvement in the quality of care.

Torrwood Care 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.

This inspection took place on 29 and 30 November 2016 and was unannounced.

The inspection was completed by one inspector, a specialist advisor who was a nurse and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 14 people and 10 relatives about their views on the quality of the care and support being provided. Many of the people were living with dementia this limited the number of people who were able to talk with us about the care they received. However, we spent time observing staff interactions and what was happening in the home to help us make a judgement about how people were cared for and staffing of the home particularly on Beech House and Copper Beech. We also spoke with the registered manager and 11 staff. We looked at the records relating to care and decision making for six people. We looked at other records about the management of the service for example those related to quality assurance.

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe.

There were differing comments from people and relatives about the staffing arrangements. One person told us "The staff are lovely and always there if I want them." and another said, "I can always get help when I need it." However a relative of a person living on Copper Beech said, "(Name) needs to drink all day and gets very frustrated and confused if this doesn't happen, but often staff don't always have the time to ensure this takes place." Another relative said, "The staff have been more visible since the last inspection report." A third relative commented, "Personal care can be quite late."

We observed staffing on Copper Beech and Beech House. On Copper Beech particularly in the mornings there were times when people were not supported or staff were not available to respond to people who could be in distress or anxious. On the first day of the inspection a person was calling out and appeared distressed and confused saying "Stay with me, stay with me." We sat with the person for five minutes until a member of staff appeared. On the second day there had been some improvement and staff were available but again there were periods when no staff were present in the lounge. Whilst there was a system where staff were designated to be present in the lounge areas of these two areas this was not evident on Copper Beech at certain times in the mornings. This meant some people were at risk of not having their needs met in a timely way.

We were provided with records which showed staff who had worked in these two areas (Copper Beech and Beech House) of the home over period of three weeks. They showed inconsistent staffing specifically the numbers of care assistants working on the 0800-2000 shift. These inconsistencies related on occasions to staff sickness where agency had not been arranged. Staff commented that they felt staffing had improved however on Copper Beech they commented there were occasions there were insufficient staff. The registered manager recognised the changing needs of people and was open to making staffing changes where this was needed. They were continuing to look at recruitment of staff and reduce agency staffing in the home. However what we found showed there was inconsistency in staffing arrangements across these two areas of the home.

We recommend the service looks at systems which will enable reviewing of staffing arrangements to ensure needs of people are being met at all times and in a timely manner.

People and relatives told us they felt the service provided safe care and support. Some people were able to tell us they were safe. One person said," Staff are here which makes me feel safe." and another said "Staff always help me when I need it they make sure I am alright." A relative commented "(Name) never hesitates to come back into the home when we have been out, and I know they are very safe here. Staff are there if we need them."

Another relative told us, "We feel this is a very caring and safe environment and there are certainly more visual aids in the corridors in the last year or so." We noted how there was clear signage to help people

moving around the home. This helped in reducing distress and anxiety for people who could become disorientated and help in keeping people safe.

Staff also felt people were safe and were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. They were also aware they could report concerns to other agencies outside of the organisation such as the local authority and the Care Quality Commission. One staff member said, "I am confident [name of registered manager] would deal with any concerns I had about possible abuse or harm to people." The home had a safeguarding policy which staff had read and there was information about safeguarding and whistleblowing available for people, staff and visitors. One staff member told us, "I would not hesitate in reporting anything which worried me." This meant staff were aware of how to recognise potential abuse and how to protect people from such abuse.

The registered manager had reported to the local safeguarding team incidents and ourselves (CQC) where people had behaved in an aggressive or threatening manner towards other people living in the home. This is part of their responsibilities in reporting incidents and ensuring people were safeguarded from harm. We had been notified of actions taken to protect people from others. These incidents happen because of people's lack of awareness, confusion, anxiety or other effects of their living with dementia. This meant the service had acted professionally and wherever possible reduced the risk of harm to people living in the home.

Risk assessments had been put in place in response to people's care needs related to falls, nutrition and moving and transferring people. These outlined specific needs of people in relation to the risks such as use of specific equipment when moving or assisting with transfers. In other risk assessments there was information for staff to ensure people nutritional needs were monitored through the use of food charts and instructions about frequency of weighing of the person. In some there was guidance about how people were to be supported or have their meals. There were personal emergency evacuation plans (PEEP) in place. These identified people's needs so that staff and emergency services could respond as necessary in the event of an emergency. The staff we spoke with were aware of these risks and the measures in place to reduce them. This meant risks to people's safety and welfare had been identified and action taken to minimise those risks.

Staff confirmed that as part of their recruitment criminal record checks and references were obtained including references from previous employers. Records confirmed these arrangements. This meant the required checks were undertaken to ensure employees were fit to work with vulnerable adults.

People told us they received their medicines when they were required. One person told us, "I always get my tablets in the mornings at the same time or near enough. That is when I should have them." Another person said, "I get my medicine regularly which is good I do not have to worry about getting them."

Medicine Administration Records (MARs) included information on why medicines were needed. MARs were accurate and up to date. There was information about people's allergies and photos of the person on the MARs to ensure correct identification of the person when administering. Medicines were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. All medicines were stored securely, including those which required additional security.

We observed people being given their medicines and this was done in a supportive way. People who required time specific medicines such as for Parkinson's received their medicine at the prescribed time. People were told when requested what their medicines were for and staff demonstrated an understanding

of medicines and had completed medicines training. Stock records were accurate including those medicines which required additional security. There was secure storage for medicines with daily checks of fridge and clinic temperatures to ensure they were stored safely.

Where people had "as required" (PRN) for the relief of anxiety or distress there were protocols in place providing guidance and information as to when these medicines should be administered. Records showed occasions when given and a staff member was able to tell us the circumstances they should be administered to one person. This meant arrangements were in place to ensure consistency of administration of these medicines.

Good

Is the service effective?

Our findings

The service was effective.

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.

There were people using the service who lacked capacity to make some decisions. One person had regularly refused medicines and lacked capacity because of their dementia and a best interests decision had been made to have medicines administered covertly (in food or drink). Records confirmed professionals and other interested parties such as their representative and pharmacist had been part of reaching this decision. Another person was having to be supported by the use of equipment which could be viewed as restraint because it restricted the person's freedom of movement. This had been agreed following a best interest decision process. For others bed rails were in use and records of consent had been completed. Where people lacked capacity to give consent for their use best interest decisions had been made. This meant action had been taken in compliance with the MCA to safeguard people's health and welfare and uphold their rights.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection the registered manager told us they had made 49 applications under the MCA for DoLS. These applications related to people who were living in the home and needed protection and safeguards because of potential risks to their health and welfare if they left the home independently. To date nine authorisations had been made with no conditions. This demonstrated the registered manager had taken action to protect the welfare and uphold the legal rights of some people in the home.

One person told us "Staff and carers seem well trained and I've never seen the home muddled or in confusion. Staff described the training as, "Good" and "Really helped me understand what the job was about."

Staff received an induction programme linked to the Care Certificate. The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. The PIR told us "The home provides language support for overseas staff to assist in improving communication skills and understanding local culture."

Nursing staff told us they received competency test assessments. One nurse told us they had recently

completed a drug competency assessment. They had also received specific nurse training in areas such as wound management and using syringe drivers. They had also received training from the local pharmacist on destroying and recording of medicines. The nurse received regular clinical one to one supervision. This meant nurses had received specific professional training and support to maintain their competency.

All staff received core skills training such as first aid, fire safety, moving and handling and infection control. Staff had also been provided with specific training to meet people's care needs, such as dementia, pressure care nutrition and hydration. The PIR told us how staff had received training in some areas such as ear syringing which were no longer provided by the local GP practice. Records confirmed staff had all undertaken this core skills training and had also completed updating training in some areas such as moving and handling. This meant staff received the necessary training to undertake their role in a competent and professional manner.

People we spoke with told us "The food is always so nice and served up well." and "The food is nice I enjoy it." We observed the meals being offered to people. They looked appetising and there were choices available to people. People on Beech and Copper where people living with dementia were cared for had meals shown to them to help in making a choice. A visitor told us this happened all the time. Staff were available to encourage and provide assistance where this was needed. In one instance a person refused a meal and was offered another. We observed how staff were very supportive particularly with one person who was confused and not sure what was happening. They made sure the person remained in the dining area encouraging them to stay and have their meal. Another person was continually encouraged in a gentle and re-assuring way to sit and have their meal. There was a calm and relaxing environment during the mealtime. This meant people had the opportunity to have a positive dining experience.

People who were at risk of malnutrition were regularly assessed and monitored by staff and the cook had access to information where people had lost weight in order to provide meals that are more calorific meals. The chef told us they were always made aware of people's preferences and any specific diets. They provided regularly snacks and high calorie food for people particularly for those who were at risk or experiencing weight loss. This was confirmed to us by care staff who told us they could always ask for snack or finger food at any time. This meant people nutritional needs were met in an effective way supporting those who were at risk of weight loss.

People had access to community based services. There were regular visits from a podiatrist and where there had been concerns about people's nutrition or weight loss they had been seen by a nutritionist. There were arrangements for people to see other health professionals such as opticians and consultants. A community nurse told us they had a good relationship with the service. They said how the home was proactive in seeking advice and support for people particularly where they had complex health needs.

Staff had the opportunity to have one to one supervision. This is where they met with a manager or senior member of staff to discuss their work, performance and other matters related to how they were able to meet the needs and responsibilities of their role. Staff confirmed this was usually at six monthly intervals. Staff received yearly appraisals. One told us they found it "Very helpful, talk about how you can improve." Another told us they had asked for more training in their one to one particularly about how to respond to people's behaviour. They had recently completed training in this area of their work. They also told us how they could always go to nurses or management for support and advice. This meant people were cared for by staff who were supported and able to seek advice when it was needed.

Good

Is the service caring?

Our findings

The service was caring.

People we spoke with told us they were "Well cared for" and "Staff are kind." A relative told us "I think the standard of care is very good my relative would not be here if it wasn't." Another relative said, "The caring is good and some of it is outstanding and (Name) has benefited from that."

We observed staff supporting people in a respectful and dignified way. They responded to people's anxieties and distress in a calm, thoughtful and sensitive way. When asking people if they needed personal care for example being prompted to use the toilet this was done in quiet and respectful manner. We observed staff treating people with dignity and respect. For example, ensuring they were on the same eye level as people when they were talking to them and knocking on bedroom doors before entering. Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains and explaining what they were doing. Staff had an understanding of confidentiality; we observed they did not discuss people's personal matters in front of others. All records relating to people were stored securely. This meant people were supported by staff who understood the importance of respecting people's privacy and dignity.

People chose what they wanted to do and how and where to spend their time. Some people chose to stay in their rooms; others chose to spend time in the lounges. We observed staff involving people in decisions such as where they wanted to be in their own room or in the communal lounge. Some people had specific daily routines such as getting up later or staying in their rooms for the morning. This was supported by staff. On Beech staff prompted people about where they wanted to sit or go. In one instance a staff member reminded a person that they usually ate their meal in their room and asked if they wanted to do this. This meant people were able to make choices and decisions about their daily routines and staff provided a flexible service reflecting people's wishes.

People were encouraged to be as independent as possible. We observed staff assisting people but in an enabling way giving people time to do things for themselves but aware when it proved too difficult and offering to help. For example when having their meals or moving a round the home. One person told us "I try and do as much as I can for myself staff know I want to and they let me get on with it as best I can." A relative told us "The staff always encourage independence but before frustration takes over they will intervene to help."

People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was in the building in case of an emergency.

Good

Is the service responsive?

Our findings

The service was responsive.

People received care and support which was personalised to their needs and wishes. People who wished to move to the home had their needs assessed to ensure the home was able to meet them. This assessment was then used to create a plan of care once the person had moved into the home. Each person had a care and support plan that was personal to the individual and they gave information to staff about people's needs. This included, what they could do for themselves, what support was required from staff, their likes and dislikes, what was important to the person, how they wanted to be supported, their life history and how they communicated. Staff were able to give us examples about people likes and dislikes, daily routines, life histories and how this was taken into account when providing care. One staff member said "We always try to give care which the person wants or prefers making it personal for them."

People and their relatives contributed to a pre-admission assessment and planning of their care where they were able to. The PIR told us "A pre admission assessment is undertaken by the manager or deputy. This involves the resident or their representative and covers their needs, abilities, interests and health needs." We saw care plans and assessments which provided this information. One person told us they had spoken with a nurse about their care plan. They told us "I have seen it because they wanted me to tell them it was right and said what care I needed."

The PIR told us "Residents and families are invited for care plan reviews and are encouraged to read their care plan signing they have done so." We saw where this had happened. One relative told us they had attended a meeting about the care being provided to their relative.

People had the opportunity to engage in arrange of activities. People told us they enjoyed the activities in the home. One person told us "I enjoy the activities here especially when we have people coming in for music." Another person told us they enjoyed the art sessions "I enjoy trying things which I never did before."

There were a mix of activities available some on a one to one basis and others group sessions. They included aromatherapy, poetry reading and music therapy. There was a weekly play reading group and drama therapy. The activities organiser told us they had received specific activities training particularly in relation to providing activities with people living with dementia. The home was providing one a day a week music therapy but looking to increase this to five days a week.

The home had weekly story telling sessions adapted to meet the needs of people living with dementia by the use of visual and sensory props. These resulted in people responding by sharing experiences or singing where perhaps they would not normally actively engage in conversation. This demonstrated how the service provided imaginative and stimulating activities suited to the needs of people living in the home.

People's spiritual needs are met through the home having a chaplain. They provided non-denominational spiritual support as well as services to people.

People and relatives had an opportunity through regular meetings to express their views and make suggestions about the quality of care they received. Minutes showed where discussion had taken place about people or relatives reading care plans: "It helps us to be sure you are happy with the care we are providing." and arrangements for Christmas and music therapy appeal. There was a regular newsletter "Torrwood Times" which gave information to people about staff changes, events and activities and volunteering in the home. This meant people had the opportunity to voice their views and be informed about the service.

People and their relatives were aware of their right to make a complaint if they had concerns about the quality of care they were receiving. One person told us "I know I can speak to staff or make a complaint if I really wanted to but I have not needed to." A relative commented, "We have not had to raise a concern or make a complaint but would be more than happy to talk to the management who are very approachable. When we speak with other family members who visit when we are not here, they say that (relative) is very happy here." Another relative said, "Communications with the home are good and I see the manager most times to say hello to."

There had been two complaints which had led to discussions with families and others about the staffing arrangements in the home and what people could expect. There had also been discussions with staff about their role in activities and "Spending time with people" because this had been the subject of a complaint. The registered manager told us how they "Use complaints as a source of learning to continue to improve the service"

Good

Is the service well-led?

Our findings

The service was well led.

People told us they found the manager approachable and "Always around". One person said, "I like the manager because they are always here and I see them often to have a chat about how I am which is good." Another person commented, "They (the registered manager) always take a real interest in how we are which is nice and caring." Staff commented positively about the registered manager approach, "Firm and fair." and "Communications has improved."

Staff reported how the registered manager had made improvements in the home. One said, "Staffing has improved and we are able to get the balance between care and paperwork right." Another said the support from management had improved and the registered manager was proactive in dealing with staff sickness, recruitment and use of agency staff which had reduced.

We asked staff what the registered manager wanted from staff in terms of the quality of care. They told us, "It is about treating people with respect." and "It is their home so it is about making sure people have choices and being flexible." This was reflected in comments made by the registered manager when we discussed the culture of home and what they wanted to achieve. They commented how they wanted to provide person centred care respecting of people's rights. This had been demonstrated in the findings of this inspection. This meant that people were supported by staff and registered manager who had a shared view of the quality of care they wished to provide.

There was a range of quality assurance audits in place. These looked at all aspects of the service: care planning, environment, infection control, medicines. One audit which had looked at involvement of people scored 96%. The involvement section of this audit had looked at information available to people such as in the service user's guide, frequency and outcomes of residents and relatives meeting. There were observation audits undertaken by the registered manager such as observing the dining experience. These helped to identify any improvement in how staff interacted with people. They were also used to confirm improvements were being implemented and sustained by staff for example seeking consent from people for the use of clothes protectors when having a meal and showing people meal choices so they could make an informed choice. This meant that improvements in care quality could be identified and monitored to ensure consistency and continuous improvement.

There were audits in place to look at falls, accidents and incidents. These were used to identify any themes or improvements in practice. For example changes to people's environment or referrals to GPs for falls assessment. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

The registered manager had an ongoing service improvement plan which showed actions taken to continually improve the service i.e. introduction of prompt cards for staff, ensuring staff had received information about reporting concerns under whistleblowing arrangements and ensuring consent and best

interests arrangements were improved.

The service had established links with the local dementia group and was part of the efforts to make Wells a dementia friendly city. Links had been established with the local community such as schools to visit the home. People were able to go to local facilities such as coffee shop if they were physically able to do so. The service had a strong group of volunteers which provided activities and social contact for people.

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home. They were supported by a deputy manager, qualified nurses and a team of senior carers and carers. The registered manager was supported by a quality business team and regional manager who undertook twice yearly quality assessment the last achieving 85% score.

The registered manager attended a local health liaison group where other registered managers of care services in the locality were present. These provided an opportunity to share knowledge and experience and update nursing practice. The home was a pilot site for a clinical audit of pressure ulcer care and part of a pressure ulcer collaborative working group which included community and local acute hospitals. This was to identify areas for improvement in the treatment and management of pressure ulcers.