

Torr Home

Torr Home

Inspection report

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Date of inspection visit:
08 September 2022

Date of publication:
09 November 2022

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Torr Home provides nursing care and support for older people. The service is registered to accommodate up to 60 older people and is separated into three units.

Torr house supports up to 24 people with nursing or residential care needs. The Belltor and Glentor units support up to 36 people living with dementia. Each unit has its own staff team, with one registered manager responsible for Torr house and another registered manager responsible for both the Glentor and Belltor units. At the time of our inspection there were 15 people living at Torr House, 12 people living in Belltor and 16 people living in Glentor.

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

People told us they felt safe and records showed staffing levels had improved since our last inspection. Necessary preemployment checks had been completed and rotas showed planned staffing levels had been consistently achieved.

The service continues to experience difficulties in recruiting additional nursing staff. As a result, a new lead care practitioner role had been introduced. These experienced members of care staff had received additional training to enable them to lead staff teams in each unit and manage people's medicines with support and guidance available at all times, from a nurse based in another unit on site.

Medicines were managed safely, and cleaning products stored securely when not in use. Risks to people's wellbeing had been identified and mitigated. Staff had a good understanding of infection prevention and control protocols and current COVID-19 guidance was being followed.

Staff had the skills necessary to meet people's needs and new staff had received appropriate induction training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were complimentary of the food and kitchen staff had a good understanding of people's likes and needs. Staff were attempting to document the amount and food and fluids people consumed and we have made a recommendation in relation to this practice.

People and relatives were complimentary of the staff team who provided support when needed with compassion and kindness. People views were respected, and staff ensured people were protected from discrimination.

Staff were able to communicate effectively with people and care plans provided clear guidance for staff on how to meet people's care needs. Activities were available in each unit, visitors were encouraged, and people were supported to maintain relationships that were important to them.

Significant management changes had been made following our last inspection. The provider's Nominated Individual was now responsible for auditing, quality assurance and the services overall performance.

The registered manager for the dementia services was based in Glentor and staff in Belltor reported that they were isolated and lacked support from management. We have made a recommendation in relation to this issue.

The service worked collaboratively with involved professionals who reported significant improvements to the service's performance since the last inspection.

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

Rating at last inspection (and update)

The last rating for the service was requires improvement. (Published 4 August 2021). At this inspection we found improvements had been made and the services' overall rating is now good.

Why we inspected

We completed this comprehensive inspection to check that necessary improvements had been made in response to the issues identified at our last focused inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made recommendations in relation to procedures and systems for monitoring people's food and fluid intake and in relation to the system in place to support staff based in the Belltor unit.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Torr 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three adult social care inspectors, and an Expert by Experience who used telephone interviews to gather feedback from people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Torr 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.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered managers in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection as part of the planning process. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed the action plans and other information the provider had submitted following the last inspection.

During the inspection

We met and spoke with twelve people who lived at the service and two relatives who were visiting. We also spoke with nine care staff, two nurses, a housekeeper, two cooks, one of the registered managers and the nominated individual. We also spoke with ten relatives by telephone to gather their feedback on the service's current performance.

We looked at records relating to people's care. This included seven care plans, medicine administration records (MARs) and a section of accident and incident records.

We also asked the service to send us records relating to the day to day management of the service, such as call bell records, staffing rotas, quality assurance audits and safety documentation. This information was reviewed in detail after the site visit. We spoke by telephone with both registered managers and the nominated individuals until the inspection process was completed on 20 September 2022.

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 Requires Improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection we found there were insufficient numbers of staff to meet people's needs. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found staffing levels had improved and the service was no longer in breach of this regulation.

- Relatives expressed concerns about staffing levels and response time to people's call bells. However, we found the staffing situation had improved significantly and rotas showed planned staffing levels had been routinely achieved.
- Staff responded promptly to people's requests for support. Call bells were within people's reach and staff responded promptly to requests for assistance. People told us, "I think there are plenty of staff", "The staff come quickly. If I use the bell" and "I have a bell here I can use [to call for help] or I can shout. There is always someone around."
- The provider had introduced additional monitoring of call bell response times and these records showed staff responded appropriately to call bell alarms.
- A number of additional staff had been recruited in recent months and rotas showed agency staff were now used infrequently. Staff told us, "Staffing has 100% improved" and "We have had a lot of recruitment recently."
- On the day of our inspection the service was fully staffed and there was only one member of agency staff on duty in Torr Home. The registered manager told us, "One staff member is on leave, hence the use of agency staff". Staff commented, "It is really rare to have agency staff during the day."
- Professionals reported the staffing situation had improved and told us, "I have not had concerns about staffing".
- The service continued to experience some difficulties in recruiting nursing staff. In response to this and other issues the provider had introduced a new Lead Care Practitioner role. These experienced members of care staff had received additional training, including in the management of medications, and were able to oversee the needs of people living in one of the three units that made up the service. A nurse was always on duty in one unit and able to support the lead care practitioners in the other units when required. Staff, nurses and managers all recognised that the introduction of this role had impacted positively on performance. A nurse told us, "From a nursing perspective they are very good, very dedicated and conscientious, very clear of their boundaries. With good knowledge and skills". While a Lead Care Practitioner said, "We have a lot of responsibility, but we know our limits and will call for the nurse if needed."
- The service's recruitment practices were safe. All necessary checks had been completed to ensure

prospective staff were suitable for employment in the care sector.

- The provider had systems in place to ensure nursing staff were registered with the Nursing and Midwifery Council (NMC) and that all necessary training required for nurse's revalidation was completed. The NMC is the regulator for nursing and midwifery professions in the UK.

Assessing risk, safety monitoring and management

At the last inspection we found risks relating to people's care were not always effectively managed and environment of the service was not always kept safe. These failings meant the service was in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. Risk had been identified and staff provided with clear guidance on how to mitigate identified risks. This meant the service was no longer in breach of this regulation.

- Cleaning materials were stored securely when not in use and domestic staff understood the risk these products could represent to people living with dementia.
- The provider was in the process of upgrading fire doors in Torr Home by installing automatic release system which would ensure all fire doors closed automatically when the fire alarm sounded. These upgrades had been delayed on the top floor due to supply issues which were resolved shortly after the inspection. The use of automatic release fire doors was being introduced to discourage people from obstructing fire doors to hold them open.
- Staff had completed necessary fire safety checks and qualified technicians had been commissioned to service and test all lifting equipment used in the service. Required environmental safety checks had also been completed. Personal emergency evacuation plans had been developed detailing the support each person would require in the event of an evacuation.
- Risks in relation to people's care and support needs had been identified and appropriate guidance provided to staff on how to mitigate and manage these risks. Staff used equipment safely to support people's mobility needs.
- Staff understood how to manage risk to people's skin integrity and there were robust systems in place to ensure pressure relieving equipment was used correctly and fully operational.
- People's care plans included guidance for staff on the management of specific care needs including; stoma care, catheter care and the management of risks associated with diabetes. Staff had also been provided with clear guidance on how to support people when upset or anxious.

Using medicines safely

At the last inspection we found Medicines were not always safely managed. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and people were now safely supported with their medications. This meant the service was no longer in breach of this regulation.

- Medicines were managed safely, and people received their medications as prescribed.
- Medication was stored appropriately, including those that required stricter controls and there were robust procedures in place for the receipt, management and where necessary safe disposal of people's medicines.
- There were appropriate systems in place for the management of creams and 'as required' medications. Staff had been provided with clear guidance on the use of these medications and appropriate additional information had been documented when 'as required' medicines were to be used.
- Nurses and senior care practitioners were responsible for managing and dispensing people's medications.

These staff had completed specific medicine management training and their competency in relation to medication had been assessed.

- Medication Administration Records had been fully completed and where handwritten amendments had been made these changes had been checked and counter signed. Information about people's allergies in relation to medications was now appropriately recorded.
- Medicines audits were completed regularly. Where any issues or medicine errors were identified these were investigated and action taken to minimise risk of reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe in the service. Their comments included, "I feel safe" and "It is all ok, they look after me." Health and social care professionals also told us they felt the service was safe and met people's needs.
- Staff and managers had a good understanding of their roles and responsibilities in relation to safety. Staff knew how to report safeguarding concerns externally if this became necessary.

Learning lessons when things go wrong

- Accidents and incidents were accurately documented and had been analysed so any trends or patterns could be identified.
- The provider aimed to identify areas of learning or possible improvement as part of the process of investigating and reviewing incident that had occurred. New procedures and systems were being developed, following learning from an incident where a person experienced a long lie after a fall because of delays in response by the emergency services.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes;

- The service was supporting visits from families and friends. Relatives told us they had been encouraged and supported to visit when possible. Systems were in place using current COVID-19 guidance to support these visits.

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.

This key question was last inspected in 2017 when it was rated good. At this inspection this key question has again been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection staff did not always receive appropriate training in order to meet people's individual needs. In the previous report this issue was reported under the safe key question and was part of a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found staff training had been appropriately refreshed and updated. This meant the service was no longer in breach of this regulation.

- People received care and treatment from knowledgeable and skilled staff who were confident they had the skill necessary to meet people's needs. Staff comments included, "My training is up to date, I get supervision from nurse", "I keep up to date with the training" and "Training is online. All mine is up to date."
- Managers monitored staff training needs and had provided additional support to staff in response to their individual learning needs. Records showed that staff working in the service's dementia units had received additional training.
- The provider supported and encouraged staff to complete additional training, gain additional skills and achieve recognised vocational qualifications. The introduction of the lead care practitioner role, with its associated additional responsibilities, meant there was now an internal career progression and development route available to care staff.
- There were appropriate induction training procedures in place for new members of staff and all staff new to the care sector were supported to complete the care certificate. This training is designed to provide new staff with a good understanding of current best practice. One recently recruited staff member explained they were in the process of completing shadowing shifts and would not be expected to work independently until they felt sufficiently confident.
- Staff told us they felt well supported by their managers and nursing staff and had received regular supervision. Their comments include, "I have had supervision and there have been a couple of staff meetings" and "We have supervision every six months."

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

- There were systems and process in place to assess and identify people's needs before they moved in. When possible the nominated individual or one of the registered managers would meet with people in their previous home to gain a first-hand understanding of the person's specific support needs.
- Relatives had also been appropriately involved in identifying people's specific needs and one relative told us, "Pre-admission they asked a lot of questions, about health and background, interests."

- Managers and staff worked collaboratively with external healthcare professionals to deliver care in line with best practice.
- The service was operating a number of 'discharge to assess' beds to support capacity in the local NHS. Limited additional support had been provided to people accessing this service. The provider was not able to assess the needs of people before they arrived to access this service and relied on information provided by NHS professionals.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make specific decisions had been assessed and recorded.
- Where people lacked capacity to make decisions in relation to where they lived and their freedoms were restricted, appropriate applications had been made to the local authority for authorisation of restrictive practices under the deprivation of liberty safeguards. No conditions had been associated with the authorisations reviewed during the inspection process.
- Where people had appointed Lasting Powers of Attorney (LPA's) this information was confirmed and documented in people's care plans. Attorneys and other relatives were appropriately involved in decision making and care plan reviews to ensure decisions were consistently made in people's best interests.
- People were involved in decisions about their care and staff sought consent before providing support.

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

- In Torr Home and the Glentor unit there were suitable and appropriate communal spaces and people were able to make meaningful choices about where to spend their time.
- In the Belltor unit communal space was limited to a small lounge / dining area with seating for up to six people. This meant people had limited choice over where to spend time as there was insufficient communal space available for the twelve people currently living in Belltor. The provider had previously identified this issue. Plans had been developed and necessary planning approval gained for the construction of additional communal areas to support the needs of people living in Belltor. These planned improvement works had been delayed by factors out of the providers control. The issue that had caused the delay were resolved shortly after the inspection site visit.
- All three units were well maintained, and the provider had appropriate system in place to address and resolve maintenance defects. Storm damage identified on the morning of the inspection was promptly reported to maintenance staff and subsequently resolved.
- There was appropriate signage in place to help people living with dementia to recognise their surroundings and move around independently.
- Access to the units were suitable for people with reduced mobility and wheelchairs. Lifts were provided to enable wheelchair users to access all areas of the service. Appropriate equipment was available to support

people's mobility needs. There was limited storage for wheelchairs and mobility aids available in some units.

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

- People's preferences, likes, dislikes, and dietary requirements were documented and respected.
- People were complimentary of the quality of food provided and we observed meals were served in accordance with people's known preferences. People told us, "Food is really lovely, it's always very good", "The food is wonderful", "The food is very good" and "I could not ask for better."
- Kitchen staff were fully aware of people's dietary needs and preferences. They told us, "The nurses let me know if anyone needs a pureed diet. I always have all the information I need."
- Managers had introduced monitoring of people's food and fluid. These records had not been consistently completed and did not provided accurate information about how much food or drinks people had received.

We recommend the provider seeks guidance and support from reputable sources on how and when to monitor people's food and fluid intake.

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

- Staff worked well with involved health care professionals to ensure people's needs were met.
- Records showed information had been shared promptly and appropriately to professional and any guidance provided acted upon. One professional told us, "I find they are very thorough and will make contact to our team for advice and support. If staff are unsure of dressings, they will ask and question."

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.

This key question was last inspected in 2017 when it was rated good. At this inspection this key question has again been rated good. 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

- People said their staff are kind, caring and respectful. Their comments included, "Staff are bloody brilliant", "They look after me well" and "[The staff] are all right, very obliging, always jolly. It is really nice here."
- Relatives were also complimentary of the staff team and the quality of care they provided. Comments received included, "[My relative] is well looked after. The staff are friendly, and I have no qualms", "[The staff] are very very nice people" and "Staff are lovely. I am Confident they check on [My relative] when I'm not here." One person's relative was particularly complimentary of the care provide and told us, "My relative came in for end of life care three years ago and just seemed to thrive. I think it is because of the care [they] received."
- Staff knew people well and understood their individual needs and preferences. We observed that staff offered support with compassion and responded appropriately to people's requests and needs.
- Care plans included information about people's communication needs and staff were able to communicate with people effectively.

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

- People were supported and encouraged to express their views and additional system had been introduced to gather feedback from people and their relatives.
- People were able to choose how and where they spent their time and were able to move freely around each individual unit. Where people chose to spend the majority of their time in their room's, these decisions were respected, and activities support offered on an individual basis.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and staff acted to ensure people's dignity was protected while meeting people's mobility needs.
- People were supported and encouraged to remain as independent as possible. Staff offered people choices and respected people's decision.

Is the service responsive?

Our findings

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

When last inspected in 2017, this key question was rated good. At this inspection this key question has again been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People's care plans were sufficiently detailed and gave staff clear guidance on how to meet people's individual support needs.
- There were appropriate systems in place to share information between staff to ensure any changes in people's needs were quickly identified and any necessary action taken.
- Care plans had been regularly reviewed and updated to ensure they reflected people's current needs. Relatives had been appropriately involved in these processes. The provider used a digital care planning system, this system had some limitations which had been recognised by the provider and appropriate workarounds developed.

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

- The provider aimed to have activities coordinators for each of the three units and external entertainers visited regularly. One activities coordinator post had been vacant for some time and staff recognised this in combination with people's increased support needs and available staffing levels had limited people's ability to engage with communal activities.
- In Torr Home and Belltor activities staff tended to provide individualised activities in people's rooms as most people spent most of their time in their own rooms. Staff told us, "We have an activity co-ordinator who goes around and plays games and things" and "We had a BBQ a few weeks ago" and "Every Thursday we have a little sing song downstairs. A person comes in from outside and brings his music with him."
- People were supported to maintain relationships that were important to them and visiting was encouraged. During the COVID pandemic visiting had been facilitated in line with national guidance.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included information about their communication needs and details of any communication aids and devices people used. We observed staff were able to communicate effectively with people and that staff changed how they approached people based on their individual needs.

Improving care quality in response to complaints or concerns

- People and their relatives understood how to raise issues and complaints. Relatives were confident any

issued they raised with managers would be resolved appropriately and people knew how to make complaints. One relative said, "My [relative] rings me four or five times a week and recently told me [they] can't reach her drink. I rang [the service] and they sorted it out straight away."

- Complaints and concerns received had been fully investigated by the providers managers and used as opportunities to improve the service's systems or performance.
- Surveys were underway at the time of the inspection to gather formal feedback from people and relatives on the services performance.

End of life care and support

- The service was able to meet people's need at the end of their lives and information about people preferences and beliefs was record in care plans.
- The service worked collaboratively with professionals while providing palliative care and ensured stocks of pain relief medications for use at the end of people lives were available in case these were required.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we found the governance systems in place to assess, monitor and improve the quality and safety of service were ineffective. This a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found more rigorous auditing systems had been introduced and changes had been made to management structures. These changes meant the service was no longer in breach of the regulations although further improvement was needed.

- Significant changes to management structures had been made since the last inspection. One registered manager had taken on the nominated individual role with responsibility for overseeing the service's overall performance and driving improvement. The nominated individual recognised the changes to management structures had been beneficial and that staff morale had significantly improved. They told us, "We have a fantastic team now."
- An additional registered manager had been recruited. With one registered manager now responsible for the operation of Torr House while the other registered manager was responsible for the Glentor and Belltor units that focused on providing dementia care. These roles and responsibilities were well defined and understood by staff and managers. Professionals recognised management arrangement had improved and told us, "The management was the main issue before. They have an excellent new nurse now on Belltor and Glentor."
- Staff in Torr House and Glentor were complimentary of the support and leadership they received from their registered managers. Staff told us, "[The new registered manager] is absolutely fantastic" and "[The registered manager] is amazing, fantastic, makes this place, we've needed someone like [that] for ages."
- However, staff in the Belltor unit, physically located next to Torr House but managed from Glentor located approximately 100m away, told us they felt isolated and received limited support from their manager. Comment from Belltor staff included, "I could not tell you what [the registered manager] is like as we do not see [them] a lot" and "[The registered manager] means well but we do not see [them] that often as no managers are based here."

We recommend the provider seeks guidance from reputable sources on how to ensure staff working in the

Belltor unit are appropriately supported and led effectively.

- Prior to the inspection a new deputy matron had been appointed to support the registered manager based in Glentor. The intention was for this deputy matron to be based in Beltor. Following the inspection a new deputy manager had been recruited to support the registered manager at Torr House. These roles were being introduced to further strengthen the provider's leadership team.
- Governance systems were now effective and necessary audits had been completed regularly to monitor performance. The nominated individual produced reports each month for the chief executive officer (CEO) and board of trustees on current performance issues and action had been planned to improve access to communal areas in Belltor.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection people's feedback was not sought and acted on for the purposes of continually evaluating and improving the service. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found this issue had been addressed and that additional systems had been developed to enable people to provide feedback about the care they received. This meant the service is no longer in breach of this regulation.

- Following the last inspection additional systems had been introduced to enable staff, people using the service and visitors to raise concerns and make suggestions. At Torr Home a survey was underway at the time of our inspection and initial feedback from relatives and professionals was complimentary. Recently received feedback included, "In my experience of the team has been positive, they are hardworking and genuinely care about the residents."
- There was a caring culture in all units of the service. Staff responded promptly to people's needs and provided individualised support.
- Quality assurance systems had been improved and changes made to the management and oversight arrangements. Staffing levels had improved, and call bell response times were now monitored to ensure staff responded promptly to requests for assistance.
- Most staff were complimentary of the service's leaders and their comments included, "The new registered manager is amazing, fantastic, [They] makes this place, we have needed someone like [them] for ages" and "[The New deputy matron] is very good, they are all good listeners."
- Professionals told us the service's performance and the culture of the staff team had significantly improved following our last inspection. Their comments included, "It is much better here than it used to be" and "I would be happy to come here [when I need care], they are excellent and have done really well with a number of challenging patients."
- Staff acted to ensure people were protected from discrimination and equality characteristics had been considered during the care planning process.
- Managers also ensured staff were protected from discrimination and had made adjustments to training materials and courses in response to staff needs. Staff said requests for flexible working arrangements had been looked on favourably and one staff member told us, "Management were very supportive about changing roles and when ill."

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 management team had a good understanding of the duty of candour and ensured people and their relatives were kept informed of any significant events that occurred.
- Relatives provided mixed feedback on the quality of routine communication between the service and themselves. Relatives recognised that they were kept updated about any significant changes but felt that the quality of routine communication and information provided when arriving for visits could be better.
- The provider had made necessary notification to the commission as required and had submitted to the commission detailed and appropriate reports each month on actions taken to improve the service's performance.

Working in partnership with others

- The service worked collaboratively with involved health care professionals to ensure people's needs were met. Professionals told us information was shared promptly and appropriately when needed and one professional commented, "I can't remember the last time someone end up in hospital as an emergency."
- Following the last inspection, the service had received support from the local authorities Quality Assurance and Improvement Team. Managers recognized this input had been beneficial and had impacted positively on the service's performance.