

Hestia Healthcare Properties Limited

Timperley Care Home

Inspection report

53d Mainwood Road
Timperley
Altrincham
Cheshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Timperley Care Home is a nursing home providing personal and nursing care and the treatment of disease, disorder or injury. There were 47 people, some living with dementia, at the time of the inspection. The service can support up to 56 people. The home provides en-suite rooms over two floors. One of the floors has a designated dementia care wing. Both floors have communal lounges and dining areas, accessible bathrooms and there is a large accessible garden to the rear of the home.

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

The management of medicines has improved since the last inspection. Further work was required to ensure the electronic system was person-centred. This was actioned following the inspection. Risks to people were assessed, mitigated and reviewed. Staff were aware of the risks people presented and how to provide the most appropriate support. Infection control was well managed across the home. Actions had been taken in response to the COVID-19 pandemic and relatives were visiting their relation following the most up to date guidance. Relatives felt their relation was safe in the home and staff were recruited appropriately to ensure they were suitable to work with vulnerable people. Staffing levels were being consistently reviewed.

There had been a number of positive improvements at the home following some recent concerns being raised. The provider had responded pro-actively and worked with commissioners and stakeholders to produce action plans and embed improvements in a timely manner. A new manager had been recruited to support the strategic direction of the home and a new clinical lead and deputy manager were undergoing recruitment checks, which will be an additional support to the management team. Relatives told us they had been regularly kept up to date with changes in their relations well-being. The manager was in the process of updating staff and relatives of the staffing changes across the home.

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 this service was requires improvement (published 21 April 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to the management and oversight of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Timperley Care Home on our website at www.cqc.org.uk.

Follow up

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

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 always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Timperley Care Home

Detailed findings

Background to this inspection

The inspection

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

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 team consisted of two inspectors and a medicines inspector. An Expert by Experience conducted phone calls to the families of people living at the home.

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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager was also in attendance at the home who had submitted an application to register with the Commission as the registered manager of the service. The current registered manager was moving into an operational role across the providers organisation. For the purpose of this report, we will refer to the registered manager and the manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and 11 relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the new manager, the clinical lead, a nurse, a senior support worker, two care workers, a housekeeper and an activities coordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further documents in relation to medicines management.



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 now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned inspection.

Using medicines safely

At our last inspection the provider did not have robust arrangements in place to ensure medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had actioned the issues from the last inspection and medicines were managed safely.
- The electronic medicines records showed, people received their medicines when they should. Information was available to guide staff how people liked to take their medicines, both on the system and on paper. However, the paper records were more detailed and person-centred than the device that was more frequently used. We discussed this at the inspection and the clinical lead assured us this would be addressed.
- The home had some challenges with storage of medicines when the monthly cycle was delivered, but the manager assured us that this was addressed after the inspection.
- Medicines administration systems were robust, well organised and regularly reviewed. We randomly selected several medicines and controlled drugs and checked their stock against the provider's documentation and found it to be correct. We saw prompt actions had been taken when issues were found.
- A relative told us, "We have been there when they [nurses] brought round the medication, they did make sure that [name] took it".

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and reviewed.
- Risks assessments considered people's rights, preferences, dignity, choice and control and staff were aware of how to reduce the risks people faced.
- The safety of the premises was continually monitored, and internal and external safety checks were completed at regular intervals. This included ensuring the safety of pressure mattresses, profiling beds and moving and handling equipment.
- Relatives told us, "I feel [name] is safe there because of how the carers treat [name]." and "We can now visit and satisfied [name] is safe."

Learning lessons when things go wrong

- The provider had a positive approach to learning and improvement.
- The provider had responded to a number of recent investigations and worked with other agencies to respond, learn from and improve outcomes for people living at the home.
- Relatives told us they were updated when incidents occur and staff, we spoke with were aware of the reporting procedures in place.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse.
- Staff received training in protecting vulnerable adults and felt confident to raise concerns which would be acted upon.
- One staff member told us, "If I had any concerns, I would go to the nurse. Then I would go to registered manager or the manager. I am confident it would be sorted."

Staffing and recruitment

- Staff were recruited safely. All pre-employment checks were in place to assure the provider, staff were suitable to work with vulnerable people.
- Staff were visible throughout the inspection. Staffing levels were regularly reviewed to ensure the needs of people living at the home were consistently met.
- Staff felt staffing levels were sufficient based on the numbers of people living at the home. However, one staff member said one more staff would be helpful to enable staff to spend more time talking with people.
- Relatives told us, "As far as we know there is enough staff and the same when we visit on the weekend."; "I think there is enough staff. I have never seen residents left alone in the lounge or other areas." and "I am not sure there is enough staff, they are always very busy and changing staff." In response to this, the manager told us as the home is not full, there is one less staff, but staffing levels will be consistently reviewed.

Preventing and controlling infection

- Infection control was well managed, and staff were aware of their responsibilities to keep people safe from infectious diseases.
- Staff had received training around the management of COVID-19 the use of person protective equipment (PPE). PPE was regularly used by staff following the most up to date guidance.
- The home was clean, and a designated team of housekeepers regularly cleaned high frequency touch areas. Relatives told us, "The home is clean and well cared for." and "When we visited during COVID-19, we were tested, and after a negative result we would wear full PPE before being escorted to booths to visit".

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, we made a recommendation for the provider to obtain further training for the management and staff who administer medicines to ensure they are aware of how to use the electronic medicines management to its full potential and assist them in scrutinising the audits of medicines. At this inspection, we found effective training had been given to those staff with responsibilities for the electronic medicine's management.

- Managers and staff were clear about their role and had recently improved upon the governance and quality audits to ensure they captured standards of care and areas to improve, which allowed the provider to retain full oversight of the home.
- The provider had in place action plans to ensure the home improved in a timely manner. We saw the providers senior management team and the homes management team take responsibility for sharing information to the people living in the home, their relatives, staff and stakeholders. A new clinical lead and deputy manager were being recruited to add to the current management structure.
- A nurse told us the implementation of the training in the electronic medicines management system had been easy to follow and helpful in providing the knowledge staff administering medicines needed.

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

- The provider promoted a positive culture which achieved good outcomes for people.
- The provider had recently undertaken some reflection on certain events and how they could have managed the situations more proactively.
- Continuous learning was an objective used to ensure the provider improved care for people living at the home.
- Concerns were investigated and responded to and lessons learned were shared with the staff team to avoid the same concern being raised again.
- Staff told us they had seen improvements in response to previous concerns raised at the home and felt the provider was moving in the right direction. One staff member told us, "Things have definitely improved."

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

- The provider engaged people, their relatives and staff and stakeholders while considering their equality characteristics.
- The provider had recognised the impact, the lack of visiting during the pandemic had taken on people living at the home. They had continually ensured people were able to receive regular video calls, window visits and face to face visits as guidance changed. Staff had supported these visits.
- We received mixed comments from staff and relatives about being updated from the provider in relation to the management and staff changes. Following this, the new manager arranged meetings for staff and relatives to provide important updates.
- Relatives told us, "We used to have relatives' meetings (before COVID-19), they did take on board any issues we might have had." and "I don't have much contact with the manager, but communication is much better. There has been very good communication in regard to the COVID-19 regulations."

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 provider had an effective process in place to ensure they were open and transparent when something went wrong.
- The provider worked with other agencies to share information where people had been put at risk of harm.
- Notifications were submitted to the Commission following events taken place at the home which were reportable.
- Relative's told us, "Any accidents are reported to families straight away." and "We can express our views freely and it is acted upon."

Working in partnership with others

- The provider worked in partnership with other key stakeholders and agencies.
- The provider had been working with the Clinical Commissioning Groups, medicines optimisation team and the local authority commissioning team to improve key areas across the home.