

Turret Villa Retirement Home Limited

Turret Villa Retirement Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Turret Villa Residential Care Home provides accommodation and personal care for up to 33 people. There were 29 people living at the home at the time of the inspection.

People's experience of using this service: At our previous inspection we identified shortfalls with the management of medicines. In addition, risks relating to equipment and the premises had not been fully assessed. We also found omissions in the maintenance of records relating to the Mental Capacity Act 2005 (MCA) and records relating to people's care. These issues had not been highlighted by the provider's quality monitoring system.

At this inspection, action had been taken with regards to medicines management and the MCA. However, improvements were needed with regards to the premises, care plans and the provider's quality monitoring system. Actions identified on the legionella risk assessment had not been fully completed and the bath chair had not been serviced. We had identified these issues at our previous inspection.

Care plans were not always detailed, however, many of the staff had worked at the home for a considerable number of years and knew people well.

We did not identify any major impact of these omissions and shortfalls upon people's health, safety and wellbeing. People told us they felt safe and happy living at Turret Villa Retirement Home. One person told us, "I love living here." A relative said, "It's like one happy family - very homely."

There were enough care staff on duty to meet people's needs. Safe recruitment procedures were followed and there was a staff training programme in place.

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

People were supported with their nutritional and hydration needs. People told us that the meals had improved since our last inspection. This was confirmed by our own observations.

There was a new manager in post. The previous registered manager had retired in October 2018. The new manager had worked at the home for many years. She knew the home, people and staff very well; although she was still learning about the legal requirements and regulations relating to managing a care home.

Following the inspection, the bath chair was serviced and deemed safe to use. The deputy manager wrote to us and stated that all actions identified on the legionella risk assessment had been completed, more detailed risk assessments had been introduced and audits and action plans had been implemented to help ensure all areas of the service were monitored and any shortfalls addressed.

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

Rating at last inspection: Requires improvement (published April 2018). This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected: This inspection was carried out to follow up action we told the provider to take at the last inspection.

Enforcement: We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up: We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Turret Villa Retirement 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector 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.

Service and service type: Turret Villa 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 previous registered manager had retired as registered manager in October 2018. A new manager had been appointed who was in the process of applying to the Commission to become the registered manager of the service. Being a registered manager with the Care Quality Commission means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did before the inspection: We reviewed information we held about the service. We contacted the local authority contracts and safeguarding teams for any information they held about the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of this inspection.

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.

During the inspection: We spoke with 11 people and six relatives. We also spoke with the manager, administrator, deputy manager, two senior care workers, three care workers, the housekeeper and chef. We also examined three people's care files and records relating to the management of the service.

After the inspection: We continued to seek clarification from the manager to corroborate evidence found.

Is the service safe?

Our findings

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

At our previous inspection we rated this key question as requires improvement. There were shortfalls in the management of medicines and risks relating to the premises and equipment had not been fully assessed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, improvements had been made in relation to medicines management; however, insufficient action had been taken in relation to the premises and equipment and the provider was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- An effective system to assess risks and ensure action was taken in a timely manner was still not fully in place.
- Actions identified on the legionella risk assessment had not been fully completed; the bath chair had not been serviced at the time of our inspection. We had identified these issues at our previous inspection.
- Risk assessments were carried out; these were sometimes generic and not always relevant to the person.
- Lessons had not always been learned following previous shortfalls.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Following our inspection, the bath chair was serviced and deemed safe to use. The deputy manager wrote to us and stated, "The legionella risk assessment actions are now 100% complete. Legionella awareness and practical maintenance training has been booked for all senior staff." They also said that more detailed risk assessment formats had been implemented and a health and safety audit had been completed.
- Checks and tests were carried out on the premises and equipment. One person told us that more call bells would be appreciated in the communal areas. We passed this feedback to the registered manager who told us that call bells were available throughout the home; however, she would look into this issue and discuss this with people.
- Accidents and incidents were recorded. A statistical analysis was carried out which looked at how many falls or incidents had occurred the previous month. We spoke with the manager about extending the analysis to look at other areas such as the time the accident or incident took place to look for any emerging trends or themes.
- Following our inspection, the deputy manager wrote to us and stated that a more robust analysis of falls and accidents was going to be introduced.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. There had been a safeguarding incident. Staff had liaised with the local authority with regards to one safeguarding incident. Staff took appropriate action following this incident.

Staffing and recruitment

- There were enough care staff on duty to meet people's needs. Staff carried out their duties in a calm unhurried manner. Safe recruitment procedures were followed.

Using medicines safely

- Medicines were now managed safely. Staff had worked with a medicine management technician from the local NHS Trust to address the previous shortfalls and introduce an effective medicines management system.

Preventing and controlling infection

- The home was generally clean. There was mould in one of the shower rooms.
- There was only one housekeeper on duty through the week and no dedicated housekeeping staff at the weekend. Care staff supported the housekeeper to keep the home clean. We spoke with the manager about the resources available to ensure bedrooms and communal areas were kept clean. She told us that they were looking to recruit an additional housekeeper.
- Following our inspection, the deputy manager wrote to us and stated that the bathroom refurbishment had commenced and a second housekeeper had been employed.

Is the service effective?

Our findings

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

At our previous inspection we rated this key question as requires improvement. Records did not always evidence that staff followed the principles of the Mental Capacity Act (2005). In addition, there were shortfalls in the maintenance of records relating to people's care and an effective system was not fully in place to monitor staff training and support. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. We also made a recommendation that the provider reviewed the design and decoration of the premises. At this inspection we found that sufficient action had been taken to improve and the provider was no longer in breach of Regulation 17 in this key question. Improvements had also been made to the design and décor of the premises.

People's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were following the principles of the MCA. A new updated DoLS assessment was now completed. The manager had submitted a DoLS application to the local authority for review in line with legal requirements.
- An MCA assessment had been completed by a health and social care professional regarding one person's care. The manager told us that they had not yet received a copy of this assessment.

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

- Preadmission assessments were now carried out and documented. They were completed to ensure that people's needs could be met before they moved into the home.

Staff support: induction, training, skills and experience

- Staff told us there was sufficient training and they felt supported. Staff had completed MCA training since our previous inspection and medicines competencies were carried out.
- The home had purchased a defibrillator which is a device that gives a high energy electric shock to the

heart of someone who is in cardiac arrest. The manager told us that staff had completed training to use the defibrillator.

- We spoke with the registered manager about timescales and frequencies of training since some staff had not completed certain training such as medicines management since 2004. The manager told us that she would look into this issue. Regular medicines competency checks were carried out.
- Following our inspection, the deputy manager wrote to us and stated that further training about medicines had been booked.
- We did not observe any concerns with staff practices. One relative said, "They help everyone here to be as independent as possible but are very good using the hoists and everything, you can tell they are well trained."
- There was a supervision and appraisal system in place. Staff told us they felt supported and supervision sessions were carried out.

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

- People were supported with their nutritional and hydration needs.
- Two new chefs had been recruited. People and staff told us that the meals had improved since our last inspection. This was confirmed by our own observations.
- There was an emphasis on home baking and fresh produce. One of the chefs told us, "We use local suppliers, everything is fresh, even fish from Eyemouth and we use the local butchers, it's really good."

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

- The premises met the needs of people who lived at the home. There was no one living at the home with an advanced dementia condition. New signage had been put up to help orientate people to areas such as bathrooms and toilets. The home had kept some of its original features from when it used to be a hotel such as the bar area. One person told us, "I would recommend living here to everyone I meet. It is a lovely quiet place, it's living in luxury."

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

- The expertise of appropriate professional colleagues was sought to ensure the individual needs of people were met to maintain their health. One relative said, "They are very good and they keep me up to date with all health matters and call the doctor straight away for my mam if she is poorly."

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.

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 were treated with kindness. People and relatives spoke positively about staff and their caring nature. One person told us, "They are very caring, they know I like to be tucked into bed." A relative said, "They are all very caring and they know everything about all the residents, it is very person-centred care."
- Staff spoke enthusiastically about ensuring people's needs were met. One staff member told us, "I have an inner urge to make a difference and help people... We go that extra mile, I like to see solutions instead of problems. If we focus on the positives and find a solution, we can make things better. That's what we are here for, to improve and make a difference for people."
- Staff spoke in a caring and respectful manner about the people they supported. They talked about caring for people like members of their family. Staff told us that they would be happy for a friend or relative to live at the home because of the standard of care provided. One staff member said, "I love it here, it is like looking after your own mum and dad."
- There was a relaxed and cheerful atmosphere in the home. We observed positive interactions between staff and people.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect which was confirmed by people and relatives. One relative told us, "Yes they know my mam is a very private lady and don't force her to do anything she does not want to."

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

- People told us they were involved in their care and support.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- People had care plans in place; however, these were not always detailed. Staff did not review each care plan individually; they completed a summary of the person's care over the month which meant that some people's needs were not reviewed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- Following our inspection, the deputy manager wrote to us and stated that more detailed care plans had been introduced in areas such as diabetes and nutrition. In addition, care plan audits had commenced to ensure timely care plan reviews were carried out.
- People told us they could choose how they spent their day. One person told us, "I can go to bed when I want, staff don't push you to go to bed they don't watch the clock."
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. People's communication needs were identified in their care file. The manager was unaware of the AIS, she told us she would look into this standard to ensure they were doing everything they could to ensure people's communication needs were met.
- Following our inspection, the deputy manager wrote to us and stated that they had introduced an action plan regarding the AIS to ensure they were meeting all aspects of this standard.

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

- An external activities coordinator visited twice a week to carry out activities. She carried out group activities such as quizzes, arts and crafts, music and reminiscence therapy. Activities were also organised by staff as part of their usual role. People's spiritual needs were met; church services were held.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No formal complaints had been received.

End of life care and support

- People were supported with their end of life care. Staff had undertaken end of life care training to ensure they were knowledgeable about meeting people's needs at this important time in their lives.

- Care files contained information about people's end of life wishes.

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 our previous inspection we rated this key question as requires improvement. There were omissions and shortfalls in the provider's quality monitoring system. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found that insufficient action had been taken and the provider remained in breach of Regulation 17.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- A system to ensure regulatory requirements were met, was not fully in place.
- On the first day we visited, the provider was not displaying their ratings on their website. We spoke with the manager about this issue. This was addressed by our next visit to the home. We had not been notified of a safeguarding allegation. This was immediately submitted, and the manager told us that she was now aware of her responsibilities.
- We identified continued shortfalls with the management and monitoring of risks relating to the premises and equipment and care records did not always reflect people's needs. These issues had not been highlighted by the provider's quality assurance system.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- Following our inspection, the deputy manager wrote to us and stated that audits and action plans had been introduced to ensure all areas of the service were being monitored and any shortfalls addressed.

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

- There was a new manager in post. The previous registered manager had retired in October 2018. The new manager had worked at the home for many years. She knew the home, people and staff very well; although she was still learning about the legal requirements and regulations relating to managing a care home. She was very honest and open throughout the inspection and told us, "I learn things every day." She was in the process of applying to become the registered manager.
- There was a positive atmosphere at the home. People and staff were complimentary about the new manager. One member of staff said, "[Manager] is absolutely brilliant she knew what she was doing straight

away, she is really making it a nice place."

- The previous registered manager still visited the home once a week at the request of the provider to speak with people, staff and provide management support.
- The administrator was going to become the deputy manager the week after our inspection. She spoke positively about the role.
- People, relatives and staff were involved in the running of the service. A new committee had been set up involving people and staff. The minutes of the committee meeting stated that people and staff had agreed that the main aim of the committee was to "help raise funds for the social benefit of people" and "to give people a voice about the day to day running of the home."
- Staff meetings had not been held recently; the manager told us that future meetings were being organised. Staff told us that the manager's door was always open, and they felt able to raise any issues or concerns.

Working in partnership with others

- Staff worked with health and social care professionals to make sure that people received joined up care.
- The home was an active part of the local community. They had links with local churches, schools and businesses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always delivered safely because risks were not always addressed and mitigated. Premises and equipment safety checks were not always carried out, or lessons learned when shortfalls were identified. Regulation 12 (1)(2)(a)(b)(d)(e)(h).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>An effective system was not fully in place to enable the provider to assess, monitor and mitigate risk and ensure improvements were carried out in a timely manner. In addition, records relating to people were not always detailed. Regulation 17 (1)(2)(a)(b)(c)(f).</p>