Care Quality Commission

Turret Villa Retirement Home Limited

Turret Villa Retirement Home

Inspection report

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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

Overall summary

The unannounced inspection took place on 23 and 30 September 2015. We last inspected Turret Villa Retirement Home in December 2013. At that inspection we found the service was meeting all the regulations that we inspected.

Turret Villa Retirement home provides residential care for up to 33 people, some of whom are living with dementia. At the time of our inspection there were 29 people living at the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the management of medicines required improvement. For example, 'as required' medicines did not have detailed information in place and the medicines audits were not robust. People's medicines care plans were not always in place.

Summary of findings

People told us they felt safe. One person said, "I feel as safe as houses here." We also found the service clean and tidy.

Risk assessments related to people's care were completed accurately, which meant people were kept safe. Care records were reviewed regularly. Accidents and incidents were recorded and monitored to ensure issues were identified and appropriate action taken, including onward referral if necessary, to healthcare professionals.

Staff were aware of whistleblowing and safeguarding procedures and told us about what they would do if they were concerned about any safeguarding matters. We felt satisfied staff would have no hesitation in reporting any safeguarding issues that may arise at the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Staff followed the requirements of the MCA and DoLS. MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decisions. Applications to the local authority had been made where a DoLS was required.

There were enough trained and skilled staff at the service and staff told us they felt supported to complete their job to the best of their ability. The registered manager was monitoring closely recent admissions to the service to ensure that people's needs continued to be met.

People's dietary needs were met and staff supported them with any additional nutritional needs they had. People told us they enjoyed the food that was prepared for them at the service and one said, "The meals are excellent and the staff are very attentive."

Where people needed support, this was given by carers who received consent before beginning any activity with the person. People were respected and treated with dignity, compassion, warmth and kindness and every person that we spoke with highlighted the quality of care provided by staff at the home.

People had choice. We saw individual personal items decorating people's bedrooms and people choosing to smoke a cigarette if they wanted. The provider had catered for people to be treated as individuals.

People were able to participate in activities although the registered manager was going to review the provision of day to day events in order to stimulate people's interests by looking at providing additional activities.

People and their relatives knew how to complain if they needed to. Meetings were held to allow people and their relatives to give feedback on the service and offer an opportunity to bring about any changes required.

There were systems in place to audit and check the quality of the service.

There was information on display around the service, including information on dementia, advocacy, and other general information.

We found one breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach is in connection with medicines. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

Although people told us they received their medicines correctly, there were areas that needed to be addressed with the safe management of medicines.

We were confident that staff were aware of their safeguarding responsibilities and knew how to report any suspected concerns they may have.

There was enough staff to respond to the needs of people and recruitment procedures were in place to ensure suitable staff were employed.

Is the service effective?

Good

The service was effective.

Staff were skilled, received appropriate training and were supported by their line manager and registered manager.

The registered manager and staff had an awareness of the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS for two people living at the service.

People were provided with a good range of nutritious food and plenty of refreshments. They were supported with any additional needs they had to remain healthy, including specific dietary needs or support with eating.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and we saw many examples of this throughout our visit. People and their relatives felt staff were caring.

We were told that staff went the extra mile for people living at the service and this was confirmed by a number of people that we spoke with and their relatives.

Is the service responsive?

Good

People's needs were assessed and care plans were developed to meet identified needs and these were reviewed regularly.

People's likes and dislikes were gathered as well as a history of their family and background to help staff better understand and support them.

The provider had a programme of activities for people to participate in but intended to review this to increase availability.

The services complaints procedure was available and on display within the service. People and their relatives were aware of how to complain if they needed to.

Summary of findings

Is the service well-led?

Good

The service was well led.

People and their relatives told us they thought the service was well led.

There was good communication between staff at the home, with daily handovers being completed. These ensured that any issues identified were discussed and highlighted so that all staff were aware of them.

The registered manager had set up in-house audits to ensure that regular checks were carried out to protect people and ensure they received good quality care.

Meetings and surveys were completed with people, relatives and staff to improve the operation of the service.

Turret Villa Retirement Home

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 23 and 30 September 2015 and was unannounced. 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.

Prior to carrying out the inspection, we reviewed all the information we held about the service. We did not request that the provider complete a provider information return (PIR) because of the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

We reviewed other information we held about the home, including the notifications we had received from the provider about deaths and serious injuries. We also contacted the local authority commissioners and safeguarding team for the service, the fire and rescue authority and the local Healthwatch. **Healthwatch** is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used their comments to support our planning of the inspection. On the day of our inspection we spoke with two district nurses who were visiting the service to provide healthcare to people. We also spoke with a GP and a trainee GP who accompanied them.

During this inspection we carried out observations using 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 spoke with fourteen people who used the service and six family members or visitors. We spoke with the registered manager, the administrator, the cook, the domestic, two senior care staff and four care staff. We observed how staff interacted with people and looked at a range of records which included the care and medicine records for ten of the 29 people who used the service. We looked at six staff personnel files, health and safety information for the service and other documents related to the management of the home.

Requires improvement

Is the service safe?

Our findings

Although people told us they received their medicines correctly, we found some issues that needed to be addressed with the management of medicines at the service. People did not always have a medicines care plan or risk assessment in place when medicines were recorded as part of their identified needs which meant that information was not always available for staff to follow. For example a number of people took aneldronic acid. This medicine should be taken before food or any other medicines. After taking this medicine people should be encouraged to sit up straight for 30 minutes to minimise any side effects from the medicine. However this information had not been provided for staff and no risk assessments were in place.

Some people at the service took 'as required' medicines. 'As required' medicines are medicines used by people when the need arises; for example tablets for pain relief or other remedies for a variety of intermittent health conditions. This is particularly important when people have difficulty communicating their needs. We found information was not always available and the provider had not followed their own policy. For example, one person was prescribed paracetamol, but their MAR did not show the full details of how and why they would take this medicine. It stated in the provider's medicines policy that 'a specific plan for administration is recorded in the service users care plan and kept with their MAR charts. This will state clearly what the medication is for and the circumstances in which it might be given.'

Medicines audits were completed but were not robust and involved a stock check of people's medicines. They did not include, for example, checks on temperatures, checks on errors or completion of MARs, checks on disposals or other areas normally completed as part of a medicines audit.

People's allergies were not always marked on the MARs. Staff told us they relied on the pharmacist to note any allergies on the MARs. We found that some MARs had no allergy entry at all and it was therefore not clear whether the person had no allergies or they had been missed off the sheet altogether.

The medicines room was not monitored to ensure that the temperature remained under 25 degrees Celsius, although the room felt cool when we inspected it. The registered manager said this was an oversight and temperatures would be taken in future. Medicines that are stored over 25 degrees Celsius can lose their effectiveness to work properly.

These are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in the safe administration of medicines and had been signed off as competent.

People told us they felt safe. One person said, "I feel as safe as houses here." Another said, "Since I have lived here, I do feel safe." One relative told us, "They [relative] are very safe here. The staff see to that."

Staff were knowledgeable about safeguarding and whistleblowing procedures and what they would do if they suspected any type of abuse occurring. Staff said that they would feel comfortable referring any concerns to their manager or taking it further if needed. In discussions with us, one staff member said, "I would have no qualms about reporting anything like that if I thought that one of the residents was being harmed." There were safeguarding and whistleblowing policies in place and staff had received safeguarding training.

We checked the personal finances of four people at the service and found them to be in order, however we noted that there had been some very minor errors in calculations, mostly to the benefit of the person. We mentioned this to the registered manager who said he would look into this.

Risk assessments were completed where an identified risk had been found other than in the case of medicines as described earlier in the report. For example, people who were at risk of falls or those who used wheelchairs all had risk assessments in place. Incidents and accidents were reviewed to ensure risks to people were reduced and falls were investigated to check if any improvement action was required. We tracked one recent fall and found the person's care records had been updated and other safety measures had been implemented to reduce the risk of further falls.

An up to date emergency response file was in use at the service. This held procedures and information on what staff would do in an unforeseen emergency. For example, a flood or a fire. Staff were aware of this file and how they

Requires improvement

Is the service safe?

would use it in an emergency. Fire equipment and procedures were tested regularly, including timed fire drills with people and staff participating. Staff had all received training in fire safety measures.

Personal emergency evacuation plans (PEEPs) for each person who lived at the service were in need of updating. PEEPs detail people's individual mobility needs and are used to ensure that if there was a fire, this information would assist the fire and rescue service to evacuate people safely. The registered manager said he would have this information updated straight away. The local fire and rescue authority confirmed that an inspection of the service had taken place in October 2014 and they were satisfied with their findings. The registered manager confirmed, before the report was finalised, that all up to date PEEPs were now in place

Maintenance checks were carried out within the building including; gas, fire systems, lighting and equipment. We saw the record of checks made and noted that any issues found were recorded along with the outcome. Full electrical installations tests should be carried out every five years. Electrical contractors had been to the service in 2014 but had not completed a full check. The registered manager told us this had been an oversight and whilst we were still carrying out the inspection, they arranged for the test to be scheduled for the following few days and before this report was finalised confirmed that the full electrical check had been completed.

People had individually decorated bedrooms, which included their own furniture if they wanted. One person told us, "My room is like how I would have had it at home, it's comfortable and homely." A development plan was available for 2015-2016 and we confirmed that a rolling programme of redecoration was planned. We noted that a new medicine room door was in place and this had been part of the plan. The registered manager told us, "It's an older building, but we keep it homely and clean."

We spoke with one staff member who had worked at the service since it first opened and told us there was a low turnover of staff. They said, "I have worked here since it used to be a hotel, I have seen all the changes over the years. The residents are lovely."

People told us that they thought there was enough staff to look after them, although they noted it had become busier since a recent intake of people from a local care home that was closing down. One person told us, "Staff are always busy but they generally come very quickly to see to us if we need them." Staff told us they were busy, but could manage the care of people who they supported at the home. A relative told us, "The staff are lovely. They are quick to respond to any need." The registered manager showed us a dependency tool that he used to monitor staffing levels and this was reviewed regularly. He told us that he was keeping a close eye on staffing numbers to ensure that the recent intake of additional people did not have a detrimental impact on meeting the needs of people living at the service.

We checked six staff files and found that the provider had systems in place to ensure that all employed staff were suitable to provide care and support to people living at the service. The provider had requested and received references. A full employment history had been provided and identity checks had been carried out. The provider had also carried out an enhanced disclosure and barring service (DBS) check. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Staff confirmed they were not allowed to start work before the provider had received their recruitment checks.

We found the service clean and tidy with no malodorous smells. People told us that the staff kept their bedrooms clean and helped them to keep their clothes clean and tidy. One person said, "They [staff] wash my things and hang them in the wardrobe for me." Staff were observed using protective equipment when providing personal care to people.

Good

Is the service effective?

Our findings

People told us staff were good at their jobs, were knowledgeable and well trained. One person said, "The staff are very efficient. I love it here." Another person said, "I cannot fault it. The staff are very good." A third person who thought the service and the staff working in it were effective said, "I came here for respite and I have told my daughter I do not want to go back to my house. I want to stay here. The staff will do anything for you." One district nurse said, "The staff know what's what and keep in touch if they suspect people need additional help."

We asked staff what training they had received, including through their induction period. They confirmed they had shadowed more experienced staff and completed an induction programme and a range of training. They told us it ensured they knew what was expected of them. Staff told us they felt well trained and prepared to support people in their care. The registered manager was aware that the common induction standards had been replaced by the care certificate and future staff inductions would be tailored around that. We confirmed that staff had received appropriate training by looking at their records, including training in infection control, moving and handling and emergency first aid. We also noted that the majority of staff had been awarded national vocational qualifications (NVQ) levels two to four in health and social care. A number of staff had taken training specifically related to people's individual needs, for example in deaf and blind awareness.

Staff also told us that they felt part of a team and that the registered manager and senior carers were very supportive. Staff told us they had regular supervision meetings with their line manager. They told us they were supported to carry out their roles to the best of their ability. They also told us they attended staff meetings which included discussions about the needs of people within the service and ways of improving the service. We were able to confirm this information from the records of supervision and minutes of meetings held. Yearly appraisals were also held with staff to ensure, for example, they had plans in place to continue with their personal development.

Staff were knowledgeable and followed the requirements of the The Mental Capacity Act 2005 (MCA). We saw that where decisions were made on behalf of a person who lacked capacity that it was done in their 'best interests' and that other people were involved with those decisions. Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA. These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. In England, the local authority authorises applications to deprive people of their liberty. The registered manager had applied to DoLS for two people and the authorisations were pending approval. People's records showed that where possible, people had signed to give their consent to the way they received their care and support from staff.

People told us the food that was prepared and served was good. One person said, "The food is very good. If you don't like it, there is a choice." Another person said, "The meals are excellent and the staff are very attentive." A staff member told us, "There is even a water machine to make sure people, and the visitors for that matter, always have access to drinking water at all times."

Three people were provided with one to one support with lunch which we confirmed as an identified need in their care records. A relative of a person who received staff support with their meals said, "Yes, they enjoy the food. In fact, I am sure they have put weight on." People were not rushed to finish meals and the atmosphere was relaxed with some people chatting to each other. The tables were well prepared with table cloths, cutlery, condiments and refreshments and if people chose to have their meal in their bedroom, trays were prepared in a similar manner.

One person who told us they were a diabetic said, "They [staff] take care of me so well." We spoke with kitchen staff who were aware of the dietary needs of people. They told us when people first moved in, they met them and/or their families to establish likes and dislikes. They also said that together with the care staff they worked to ensure people had a good choice of food available to them. A nutritional assessment was completed and regularly reviewed to ensure that people's dietary needs were continually met. When people were identified as being at risk of poor nutrition, suitable referrals had been made to external agencies and their weights were closely monitored. Information from the kitchen was also shared with other staff in the service to identify the daily food intake of people. This meant that any changes to people's diet or weight was monitored and actions were taken.

As we inspected the home, we heard many examples of people being asked for their consent before staff

Good

Is the service effective?

completed a task. For example, during lunch, we heard staff asking people if they wanted any additional support before giving it. We also heard staff asking people if it was ok for them to enter their bedroom, including domestic staff who were completing cleaning tasks. We saw consent in care records and people and/or their relatives had signed an agreement to the care to be provided.

People had access to other healthcare professionals as the need arose. Records confirmed that people were referred and seen by a range of services, including GP's, dentists and podiatrists. A GP had been called out to see one person living at the service on the day of the inspection. The GP said, "Staff are very sharp to call us if they think we need to visit someone. I am confident that when we get called out, there is usually a good reason for it."

The service had large garden areas with communal seating which people were free to access and were wheelchair friendly. People's bedrooms had been adapted for the use of wheelchairs too.

Good

Is the service caring?

Our findings

People were extremely complimentary about the staff and their caring nature. One person told us, “This is a most wonderful place. The staff are so kind. It is the next best place to home for me. Everything is immaculate.” Other comments included, “The staff are so friendly”; “The staff are so quick to respond to my bell”; “It’s just like home, I just have to ask” and “I could not be in a better place. The staff are excellent.” One person explained they liked to have a glass of a particular drink during the night. They told us staff brought it to them when they asked.

The service had a homely feel and staff were seen to make callers welcome if they visited the service. One relative told us, “The staff really go the extra mile to please my [relative]. This place is just like home for her.” One district nurse said, “It’s one of the nicest homes I have been in. Staff are caring and people are happy here.”

We completed observations around the service and were able to see many acts of thoughtfulness and lots of discussions between people and staff that were caring and comforting in content. Staff were not always aware that we were present, so the conversations and interactions we observed were not a ‘show’ for our behalf but genuine acts of kindness and compassion.

The registered manager told us that a number of health care professionals had relatives currently living at the service or previously had. We spoke with one healthcare professional whose family member currently lived at the service. They were extremely complimentary about the caring service provided and the work ethics of the registered manager and staff.

Staff respected people’s individuality and promoted their dignity, privacy and independence. Staff knocked on people’s bedroom doors before entering and we observed staff discreetly asking if one person needed help with personal care when they appeared to be in some distress. Staff assisted one person, only after they had asked and the person confirmed they would like to receive help. We also observed one staff member discreetly cover one person when they had accidently unbuttoned their blouse.

Staff understood the needs of people in their care and we were able to confirm this through discussions when they were asked questions about particular individuals. Staff were able to answer our questions in detail without having to refer to people’s care records. This showed us that staff were aware of the up to date needs of people within their care. One person told us that they enjoyed a drink of water and staff went out of their way to provide ice cold water which they preferred. They said they was thrilled with the extra attention they were given.

The provider had a monthly contract with a local disabled taxi company which meant that it was used regularly and staff and people at the service were more familiar and comfortable with the taxi staff that attended. One person said, “Oh yes, I use it [taxi] sometimes. The people are very kind.”

Multi denomination church services were held regularly and people told us they enjoyed participating in the hymns and being able to attend. The service also had regular visits from what they called their ‘in house’ minister. One person told us, “Staff would take me to another service if I wanted, but I am happy with this.”

Staff at the service explained they offered information to people and their relatives in connection with any support they provided or could be provided by other organisations. The reception area had various leaflets to provide advice on complaints, advocacy, bereavement and safeguarding. The provider also had various policies on display, including safeguarding and mental capacity procedures. We asked one member of staff if any person in the service had an advocate involved with their care. They said, “No one does but we would give people information on how to get one if they wanted.” An advocate is someone who represents a person's best interests and ensures that procedures are followed correctly.

Good

Is the service responsive?

Our findings

People and their relatives thought the service responded to their needs well. One person told us, “They [staff] change the way they do things if I ask.” Another person said, “The staff treat me like a person and not like a production line.”

Before people moved into the service, they had an assessment of their needs completed with relatives and health professionals supporting the process where possible. This meant staff had sufficient information to determine whether they were able to meet people’s needs before they accepted a place at the service. Once the person had moved in, a full care plan was put in place to meet their needs and this was regularly reviewed. A personal history was drawn up so that staff knew about a person’s background and were then able to facilitate conversations about their family or working life. People’s likes and dislikes were recorded to help staff build a profile of the person and understand them better. Care plans had been developed with regard to the way that people chose to be supported and if risks had been identified, a risk assessment had been put in place to minimise any known risks as much as possible.

Activities were completed by staff as part of their usual role. We were told that the administrator and one of the senior care staff were the two main organisers of the activities and these included bingo, quizzes and musical performances. There was a collection of library books in various places throughout the service. We found that there was a good range of the larger events, like garden parties, teas and performances but found that on a day to day basis the service lacked suitable stimulation for people living there, although some people were able to entertain themselves with crosswords and jigsaw puzzles.

One person told us, “It would be nice to have a game of scrabble from time to time.” Another person said, “The staff do well, but it would be nice to have something to do during the day.” One person had brought a number of games to the service to be used with people if they wished. They told us the games had not been used. We spoke with the manager about these people’s comments and he told us that he would look into the matter and speak with the provider.

People told us they had choices in what they wanted to do and how they wanted to do it. People’s records held the decision they had made with regards to voting and one person said, “I have been able to vote since I have lived here.” Another person told us they preferred to have a shower on a Sunday evening and this choice was respected by staff. People’s care records also recorded the choice of GP or dentist which people had decided to register with or remain with if they were currently registered. People who preferred to smoke had the choice of doing so in a room dedicated to those who wanted to have a cigarette. The provider had installed ventilation to allow suitable airflow and protect other people living at the service from smoke inhalation.

All of the people we spoke with knew how to complain and said they had never needed to. One person said, “I would talk to the manager or one of the staff, they are all good and would sort me out.” Complaints procedures were available on display throughout the service and were accessible to people and any visitors attending. We noted one complaint had been made and this had been dealt with swiftly and to the satisfaction of the person.

If people had to be transferred to hospital for any reason, staff ensured that all the important information about that person went with them. For example, a list of medicines and their personal information. This all helped to ensure there was a safe transition between services for the benefit of the person involved.

Good

Is the service well-led?

Our findings

The registered manager had worked all his life in the health and social care sector, with the majority spent as 15 years at this service and another 13 years working at a nearby care home as manager. He was a registered mental nurse by trade, but his registration had lapsed. It was clear that he was passionate about providing high quality care to the people who lived at the service.

People told us they thought the registered manager performed their role well and that the service was well led. One person said, "The home is well-run." Another person said, "The manager runs this place well. Anything you want, you just get it." A third person said, "The manager is worth his weight in gold. He makes it a home from home."

Relatives told us that they had good communication with the staff, and that any concerns were brought to their attention straight away. One relative told us, "[Person's name] fell and they [staff] phoned me straight away, it's good to know that you're kept in the loop." There was good communication between staff at the service, with daily handovers being completed. These ensured that any issues identified were discussed and highlighted so that all staff were aware of them.

Staff told us there was an open and honest culture at the service and one said that it was not in anyone's interests to pretend to know something when they did not. Staff asked us questions about the inspection, which showed a willingness to learn. One staff member also told us, "We treat people like we would want to be treated ourselves."

Staff meetings were generally held every month and included a range of topics, including staffing arrangements, holidays, concerns about individuals and general updates about the service or any other issues. Staff told us they very not frightened to raise items at the meetings and felt as though they were listened to. One staff member said, "I usually go, it's good to be able to meet up with everyone and talk about things that matter."

People and their relatives were able to have a say as to how the service was operated. Regular meetings for people and their relatives took place where a range of issues were discussed, including food menus and general updates on the service. 22 satisfaction surveys were recently completed. Additional comments on the survey forms included, "Staff are very patient"; "Receives 1st class care"; "Staff are real gems" and "Very happy with service provided." Staff told us, because of people's feedback, an additional seating area adjacent to front door had been added.

A range of audits and checks were carried out at the service, including audits on people's personal finances, care plans, cleaning audits and falls audits. The registered manager told us they were in the process of updating their health and safety audit with the support of their training provider. The registered manager told us that the statement of purpose and some of the policy documents were also in the process of being updated. The registered manager explained that the provider had been unwell and that recent monitoring checks had not taken place, although they told us they met very regularly with the provider who lived nearby. The registered manager told us that consideration was being taken to review who would complete these monitoring visits in the future.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There was not proper and safe management of medicines procedures in place. Regulation 12 (g)