

CSN Care Group Limited

# Carewatch (Turnberry Court)

## Inspection report

Turnberry Court  
Fleming Road  
Southall  
UB1 3DJ

Tel: 0203815203

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18 April 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Carewatch (Turnberry Court) is an extra-care sheltered housing service providing personal care and support to people living in their own flats. It provides a service to adults with a range of needs, such as dementia, mental health and those living with a learning disability. The service provides 38 one-bedroom and 2 two-bedroom flats within one building. There were 36 people using the service at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

People who used the service were supported by caring staff to exercise their choices and remain as independent as possible. The staff worked in a person-centred way and knew people's individual needs and how to meet these. The staff were supported by the management team to work together for the benefit of people. People's relatives told us they were happy and had meaningful and fulfilling lives. 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 supported to pursue their interests and achieve aspirations and goals. People took part in social activities of their choice.

Staff enabled people to access specialist health and social care support in the community. People received their medicines safely and as prescribed.

### Right Care

The staff were kind and caring. Staff protected and respected people's privacy and dignity. People's needs were met by staff who were well trained and supported.

Staff received training in safeguarding adults and understood how to protect people from poor care and abuse. People were supported to maintain their skills and interests. People's communication needs were understood and met.

#### Right Culture

Most relatives and staff told us the culture of the service was good, and felt people received good quality care and support. Written comments from people showed they were happy with the service and the care workers who supported them. The management team had worked hard to make improvements since the last inspection and this had created an improvement to people's quality of life. Overall, the staff demonstrated a trust in the management team and told us they were happy, enjoyed their work and felt appreciated.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 23 April 2022) and there were breaches of regulation. 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 carried out an unannounced inspection of this service on 15 and 17 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and well-led.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Carewatch (Turnberry Court) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was 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.

# Carewatch (Turnberry Court)

## **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 Health and Social Care Act 2008.

### Inspection team

The inspection was carried out by 1 inspector, a member of CQC's medicines team 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

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

### Registered Manager

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 was a registered manager in post.

## 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. 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 used all this information to plan our inspection.

## During the inspection

We spoke briefly with 2 people who used the service and spoke at length with 9 relatives of others about their experience of the care provided. We spoke with the deputy manager, the head of extra care and the quality officer. We emailed a questionnaire to 12 care workers to seek their views of the service and received a reply from 6.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. Following the inspection, we reviewed a range of other documents we requested from the provider such as minutes of meetings.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection in March 2022, we found medicines had not been managed safely. At this inspection, we found improvements had been made and the provider was no longer in breach of this regulation.

- Medicines were safely managed. There were robust systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. One staff member told us, "I did medication management training as it is important to safely administer medication to customers" and another said, "Every 3 months our line manager assesses our competency on practical medication and we have medication training every year."
- Medicines were safely stored and records were kept appropriately.
- We observed staff supporting people to take their medicines in line with their care plan. The provider had a system in place to ensure where people needed support with their medicines this was received and managed in a safe way.
- Since the last inspection, the provider had introduced an enhanced system to monitor and audit people's medicines on a regular basis, and we found improvements had been made as a result of this. For example the senior staff undertook regular spot checks and any errors were flagged to appropriate staff within the same day of administration.
- We looked at 5 care plans and medicines administration records and found no unexplained omitted doses in the recording of medicines administered, which provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed.

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Relatives we spoke with told us they felt their family members were safe living at the service. Their comments included, "Yes, very safe. I have no concerns in that area", "Oh yes, 100% safe" and "Safe? Absolutely safe there."
- There was a safeguarding policy and procedures in place which were developed in line with the local authority's procedure. Staff received regular training in safeguarding adults and knew what to do if they had any concerns. One member of staff told us, "I would report to my manager" and another said, "If I had a safeguarding concern, the first thing I would do is whistle blowing then I would report to the local authority, my manager, the police or CQC."
- The provider kept a log of all safeguarding concerns raised and notified the local authority's safeguarding team and the CQC appropriately. The provider worked with the local authority's safeguarding team to

investigate safeguarding concerns.

#### Assessing risk, safety monitoring and management

- People who used the service were protected from the risk of avoidable harm.
- The provider carried out assessments of each person's personal environment and risks they might be exposed to. For example, risks associated with cooking in their flats, moving and handling and smoking. Risk assessments were detailed and comprehensive and included measures in place to reduce risk.
- Risk assessments also considered people's health conditions. One person's risk assessment included information about their living with diabetes and what action to take in the event they became unwell.
- There was information available for staff to understand why people may react in an aggressive manner, how to avoid this by creating a helpful environment and avoiding escalation. There was information about anxiety disorders, and how these could contribute to the person feeling frightened or confused.
- Each person who used the service had a health and safety risk assessment in place. This identified their needs and abilities, and the support they might need in the event of a fire or other emergency.
- People were supported to remain well by accessing medical care when needed. We saw evidence people attended regular appointments in line with their identified health care needs. For example, one person attended regular diabetic eye screening appointments.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- There were enough staff deployed to meet people's needs. Staffing levels depended on people's individual care packages and were decreased or increased accordingly.
- Staff stayed the full amount of time with people in line with their care packages.
- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their identity and suitability for the role. New staff underwent training and shadowing and their competency was assessed as part of an induction before they were able to work independently. Staff files were regularly audited to ensure these were up to date.

#### Preventing and controlling infection

- There were systems in place for the management and prevention of infection. The building was clean and hazard-free. People who used the service had their own packages of care, which included assistance with domestic cleaning.
- There were policies and procedures in relation to infection control and the staff received appropriate training in this. One staff member told us, "Since COVID 19, infection control is very important, we had training about infection control, such as washing our hands, wearing appropriate personal protective equipment (PPE), making sure linen is clean, disposing of human waste properly and educating any visitors



to maintain infection control procedures."

- Staff were provided with PPE, such as gloves, face masks and aprons, when they supported people with personal care.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- The provider kept records of all the incidents, accidents or near misses that occurred at the service. The management team analysed these to identify the cause, any trends or patterns so they could put appropriate measures in place to prevent re-occurrence. For example, where there had been a medicines error identified during an audit, the provider had taken appropriate action, such as supervision of the staff member responsible, additional training and review of their medicines competencies.
- The deputy manager told us they had worked hard to make improvements after the previous inspection. They said, "We have to learn from our mistakes. We looked at what went wrong and made things better. After the last inspection, it made us look at things in a different way, and we worked hard to make improvements."

# 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 last inspection we rated this key question requires improvement. At this inspection the rating has changed 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; Continuous learning and improving care

At our last inspection in March 2022, we found the provider did not have effective arrangements to assess, monitor and improve the quality of the service. At this inspection, we found improvements had been made and the provider was no longer in breach of this regulation.

- Following our last inspection, the provider put in place an action plan and we saw evidence they had followed this to make the necessary improvements.
- The provider's monitoring systems had improved and were followed consistently by the senior staff. For example, they had increased the frequency of audits to help ensure they could identify any shortfalls promptly and address these. This had led to an overall improvement in standards, such as medicines management.
- The managers undertook field-based observations of the care workers to help ensure they were meeting people's needs in line with their care plans. Observations included communication, care and respect, health, safety and compliance, medicines and conduct. Any issues were addressed promptly with the care worker.
- The senior staff undertook regular quality monitoring with people who used the service, to help ensure they were happy with the service. We saw a range of completed monitoring forms. These showed people were generally happy with the care they received.

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

- The vast majority of relatives were complimentary about the staff and the management team and thought their family members' needs were met. One relative stated, "It has given [family member] their independence. Turnberry Court is a good care provider, [family member] is very happy there and as a family, that is all we ever asked for" and another said, "I has made a big difference, I think it's made [family member's] life much more dignified. Their personal care has improved 100%." One relative expressed some dissatisfaction about the management team which was fed back to senior management, so they could look into the concerns.
- Most of the staff told us they felt supported by the management team and found them approachable.

Their comments included, "It's a good place to work, I enjoy every bit. good clients, good manager, good colleagues and the teamwork is excellent. I love and enjoy working there", "This is a good place to work... I really like it here. I have been here only 2 years but really learnt a lot, the work is very rewarding and I like the way everything is organised and I feel supported in my role", "For me personally my manager is very helpful and fair to all of our staff", "All staff are able to give their own feedback or raise issues and our management help us and also give feedback" and "My manager is approachable and understanding . [They are] considerate, fair, [they] listen and help solving our problems."

- One staff member, however, told us they felt unsupported and concerns raised were not always addressed by the management. This was fed back to senior management.

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 understood the duty of candour responsibilities and had shared information appropriately with CQC and other agencies, for example, the local safeguarding authority.
- There were effective systems for identifying when things had gone wrong and then sharing this information with others and apologising if necessary.

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

- People who used the service were encouraged to be involved in the service and give their opinion. We saw evidence they were consulted and listened to. A relative told us, "Best thing about the place, staff are always pleasant and approachable. They do their best to help people stay independent" and another said, "Best thing for me, some of the team members go the extra mile and [family member] is happy with them."
- The registered manager addressed any areas of concern promptly when this was identified. For example, where it had been reported the staff left rubbish outside people's flats, they contacted all staff to request an immediate improvement of this. Relatives we spoke with told us they trusted the staff and management to keep their family members safe and happy. Their comments included, "I've no concerns about the care provided, no problem at all, they are doing a good job there" and "The carers are the family's eyes and ears, they liaise with the family, always 'straight talk' with us."
- There were regular staff meetings where all aspects of the service were discussed, and any relevant information shared. We saw evidence that meetings were interactive, and staff were encouraged to participate and give their opinion as well as reflect on practices that required improvement.
- We saw evidence the registered manager showed their appreciation of the staff. For example, thanking them for their hard work and dedication. Most staff confirmed they felt appreciated and enjoyed working at the service.

Working in partnership with others

- The registered manager liaised with other stakeholders where they shared important information in relation to developments within the social care sector. They cascaded relevant information to the staff team to keep them informed of important changes.
- The provider had developed good working relationships with healthcare and social care professionals involved in the care of people who used the service. They also worked closely with the housing department to help ensure they worked as a team to address areas for improvement, and deal with any concerns raised by people.
- The registered manager was supported by their line manager who visited regularly, and the deputy manager and quality assurance officer, to run the service effectively.