Marsden Healthcare Limited

The Turrets Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 15 and 16 June 2017 and was unannounced. The previous inspection was carried out on 15 February 2015. We had no previous concerns prior to this inspection.

The Turrets Residential Care Home provides accommodation and personal care for up to 17 people. At the time of our visit there were 17 people living at the home. The home is also registered to provide personal care to people who lived nearby in a supported living service. At the time of our inspection no persons received the regulated activity of personal care at the supported living service.

There was a not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the home is run. At the time of our inspection the manager had applied to the Care Quality Commission to become the homes registered manager.

People told us they felt safe living at the home. Staff were aware of what constituted abuse and the actions they should take if they suspected abuse.

People were provided with safe care by adequate numbers of appropriately skilled staff being made available. Staff recruitment procedures were safe and the employment files contained all the relevant information to help ensure only the appropriate people were employed to work at the home

The manager and staff understood their role and responsibilities to protect people from harm. Risks had been assessed and appropriate assessments were in place to reduce or eliminate the risk.

Medicines were handled appropriately and stored securely. Medicine Administration Records (MAR) were signed to indicate people's prescribed medicine had been given.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aimed to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. Staff had an understanding of the Mental Capacity Act 2005 (MCA) and how it applied to their work. Records showed appropriate mental capacity assessments had been carried out.

Staff had the right skills and training to support people appropriately. People told us they felt there were enough staff available on each shift to care for them well. Staff felt well supported by the manager and received regular supervision sessions and appraisals.

Staff ensured people's privacy and dignity was protected. People received personalised care from staff who were responsive to their needs and knew them well. Staff created a relaxed atmosphere which resulted in a calm and friendly culture in the home.

People had access to a range of healthcare professionals when they required specialist help. Care records showed advice had been sought from a range of health and social care professionals.
People had their nutritional needs assessed and monitored and were supported to enjoy a range of food and drink of their choice throughout the day.

People were actively encouraged to provide feedback. Any complaints were investigated and action taken to address concerns when needed. People and their relatives told us they had no complaints.

The home was well led and the management promoted a positive culture that was open and transparent. The manager demonstrated good visible leadership and understood their responsibilities. Quality assurance practices were robust and used to make improvements.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

The Turrets Residential Care 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.

The inspection took place 15 and 16 June 2017 and was unannounced. The inspection was undertaken by one adult social care inspector.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the home. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide.

Four health and social care professionals were contacted in order to gain their views about the home. One of them provided feedback about the home.

During our visit we met and spoke with seven people living in the home. We spent time with the manager and spoke with three staff members. We looked at two people's care records, together with other records relating to their care and the running of the home. This included employment records of staff, policies and procedures, audits and quality assurance reports.

Good

Is the service safe?

Our findings

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. Their responses confirmed they understood their responsibilities and recognised all allegations needed to be taken seriously and reported without delay. Staff comments included, "I would not hesitate to report any allegations of abuse", "I am very vigilant and protective of my residents and would report any concerns to my manager". All of the staff and the manager had received appropriate training in safeguarding.

Policies and procedures in relation to the safeguarding of adults accurately reflected local procedures and included relevant contact information. The home had a pictorial safeguarding procedure displayed on the notice board within the dining room. This gave guidance to people on the types of abuse and who they should report any concerns to.

The manager had assessed the risks associated with providing care to each person. These were recorded along with the actions identified to reduce those risks. Risks to people were managed effectively and people were supported in a way that helped them retain their independence and avoid unnecessary restrictions. For example, one person who occasionally displayed behaviour that staff or other people may find challenging had a risk assessment in place. This gave guidance to staff on how to manage these behaviours.

Other risks were also managed effectively. For example, risks relating to malnutrition and falls. Pressure sore risk assessments were also in place and reviewed regularly. Staff knew the people they supported well and were able to explain the risks relating to them and the action they would take to help reduce the risks from occurring. Where an incident or accident had occurred there were clear records in place. This enabled the manager to identify any actions necessary to help reduce the risk of further incidents.

The manager monitored staffing levels to ensure they were sufficient to keep people safe. Staffing levels remained stable but would be increased day to day depending on whether people were attending activities in the community or attending appointments. The manager told us that due to the size of the home staffing levels remained broadly the same, but that people's dependency needs were regularly assessed to see if additional support from staff was needed. During our visit we observed staff supporting people at their own pace and responding quickly to any requests for assistance.

Staff told us there was enough staff and they did not feel pressured to carry out their duties. They also spoke positively about the teamwork within the home. Comments included. "We have enough staff here to look after everybody. We cover any shortfalls in the rota amongst ourselves", "I think we have enough staff working here to care for everybody and "X is a hands on manager so we all work together". Staff used a social media messaging app to cover any short falls in the duty rota. Staff said they found this effective as shortly after a message was sent out to the staff group to cover a shift this would be covered.

People received their medicines from staff who had received training in medicines management and had been assessed as competent to administer them. Staff told us they had completed medicine management

training and had their competency checked before they were permitted to administer medicines. In general medicines were administered by the senior staff on duty. The manager had looked to purchase a tabard for staff to wear in the near future. This would alert people that the staff were not to be disturbed during the medicine round.

Medicines were stored accordance with legal requirements, such as locked cupboards, medicines trolleys and fridges. Unused or out of date medicines were returned promptly to the local pharmacy in a timely manner.

There were systems in place for staff recruitment. We looked at three staff recruitment records and spoke with staff about their recruitment. We found that recruitment practices were safe and the relevant checks were completed before staff started working at the home. Disclosure and Barring Service checks (DBS) had been completed and evidence of people's identification, the right to work in the UK and medical fitness had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may prevent them working with vulnerable people.

Comprehensive health and safety checks and maintenance of the building and equipment were undertaken. Health and safety checks of the premises had been completed to ensure the home was well maintained and any risks to people's health and safety were identified and addressed. Fire drills had been carried out, testing of the fire alarm and equipment were completed weekly by staff. Risk assessments and 'safe procedures' were in place for each person outlining the risks and support people would need in the event of a fire. The local fire service had recently inspected the home which the registered manager said was a positive experience. The manager was awaiting the overall report from the fire service.

Good

Is the service effective?

Our findings

It was clear from our observations with people and from talking to them that the staff were skilled in their role and understood their needs. Staff told us, "I have worked here for a while now and the management are keen to develop staff", "We tend to complete training that is specific to people's needs. We are always learning and developing within our roles" and "I like learning as things can change and we can keep up with good practice".

Newly recruited staff received a comprehensive induction. Staff told us this included completing mandatory training such as equality and diversity, safeguarding vulnerable adults, food hygiene, infection control, moving and handling, first aid, health and safety, nutrition, positive behaviour support and medicines. Each new member of staff was appointed a mentor to support them during their induction. Staff said they had spent time shadowing experienced staff before they worked unsupervised.

There were also opportunities for staff to attend specialist training courses. An example of this was the manager had signed up some staff to complete advanced training in diabetes care. Some staff had also completed depression training. The registered provider and manager told us in the PIR, "We invest heavily in staff training and development to ensure staff have the right skills, training and experience to deliver quality care to our residents".

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection five peoples applications had been authorised by the local authority. Records confirmed one further application form had been submitted and were awaiting the outcome from the local authority. These were submitted as some people could not freely leave the home on their own, also because people required 24 hour supervision, treatment and support from staff. The DoLS provides a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

Throughout the inspection we observed staff discussing people's preferences and gaining people's consent where ever possible by asking them before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions themselves. These were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care and welfare. The manager told us when they felt concerned about a person's capacity they involved the appropriate professionals such as the mental health team.

People were offered a choice of nutritious meals and were involved in deciding what they wanted to eat and drink with the support from staff. Staff prepared peoples main meals for them however some people living in the home were able to make themselves drinks and prepare light snacks. We observed people making themselves tea and coffee. Four weekly menus were in place to ensure people followed a balanced diet with healthy choices included. Staff were aware of people's individual likes and dislikes and how they liked food to be prepared. An example of this is that staff knew one person liked there soup warmed in the microwave for an extra minute. We observed people helped to wash up and dry cutlery after each meal time. They told us they enjoyed doing this as they liked to be helpful. We observed a variety of drinks and snacks were available for people throughout the day. This included fruit and biscuits.

People's bedrooms were in good decorative order and had been personalised to people's individual taste. The manager said people were encouraged to bring items of furniture to the home to help personalise their bedroom and to make people feel at home. An example being one person had a large bean bag in their bedroom. Another person told us they liked their bedroom nice and girly. They liked to keep this clean and tidy and free from clutter. One other person showed us there bedroom and told us they had just had a new carpet laid. They were also supported by the staff to purchase a double bed as they found this comfortable.

Good

Is the service caring?

Our findings

We asked people if they were happy with the care they received. Comments included, "I am really happy with everything. I have lived here many years now and it gets better and better", "It is a lovely home and I am very well cared for". Another person told us, "I feel I am looked after here and I really appreciate all the staff do for me".

People looked comfortable and relaxed with the staff who supported them. Staff and the people who lived at the home clearly knew each other well. We observed positive interactions throughout our visit. People told us, "I like to have a laugh with the staff and wind them up" and "The staff are fun here and they know I have a good sense of humour".

People received care and support from staff who knew and understood their life history, their likes and dislikes, their preferences, needs, hopes and goals. An example of this was one person liked to spend time on an afternoon with the manager. They often visited the manager's office and spoke about their future plans and goals of opening up their own business.

Staff at the home were caring and treated people with dignity and respect. We spent time observing people in the lounge and dining areas throughout the day. People were respected by staff and treated with kindness. We observed staff had recognised when people become anxious or upset. An example of this is one person living at the home became upset and tearful. Staff showed empathy and offered the person a hug along with reassurance. This proved to have a calming effect on the person. We saw and heard staff speaking and interacting in a friendly manner and they took time to listen and respond to people appropriately.

The registered provider had purchased a computer which was set up for people to use in the lounge so that they could access the internet. People who were able to were encouraged to be involved with on-line shopping tasks. Staff told us one person liked to buy clothing on line whilst another person liked listening to music. Another person liked to watch war films.

The home provided care and support to people to enable them to live fulfilled and meaningful lives. Staff were skilled at ensuring people were safe whilst encouraging them to stretch their potential and achieve as much independence as possible. Some people had taken over the responsibility for cleaning their bedrooms. One person told us they worked one day each week locally. Another person told us they liked to go out for walks most days to the shops. Two other people we spoke with attended a weekly luncheon club. Care records included information regarding people's independence and how this should be maintained.

The home had a stable staff team, the majority of whom had worked at the home for a while and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff.

People were supported to maintain important relationships and staff were particularly caring towards people's relatives, in addition to the care they provided to people living at the home. An example being was one person's son would come to stay at the home some weekends. The staff helped support the person by providing food and drink. Another person visited their family and would often stay over in the families home.

People were given support when making decisions about their preferences for end of life care. Arrangements were in place to ensure people, those who mattered to them and appropriate professionals contributed to their plan of care. This ensured the staff were aware of people's wishes, so people had their dignity and choices respected at the end of their life.

Good

Is the service responsive?

Our findings

Throughout our inspection we observed people being cared for and supported in accordance with their individual wishes. People told us they were happy with the care and support they received. Comments included "I am happy living here and feel I can live quite independently. I like to go out and do my own thing" and "I rely on staff a lot to help me. I cannot fault them".

The manager and staff were able to tell us about peoples care needs and about the level of support people living at the home needed. They had detailed knowledge and a good understanding about peoples preferred routines, behaviours and how best to support them. An example being staff were able to identify the triggers of peoples behaviours that may sometimes challenge. Staff told us of the signs to look for when one person required support with their emotional wellbeing.

People received personalised care and support that met their needs. People had person centred care plans in place. Care plans provided staff with information regarding people's care and health needs as well as their life choices. The assessment and care planning process considered people's values, beliefs, wishes, preferences, abilities, strengths, aspiration, likes, dislikes, religious and cultural beliefs and disability. People were supported to maintain relationships with their friends and family members. Care plans had been reviewed and updated. They were structured and contained essential detail regarding the support people needed.

Daily logs were completed throughout the day for each person. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. The logs had been completed appropriately and were detailed and informative.

The manager and staff ensured that everybody was supported to follow their interests and take part in social activities. People were encouraged and supported to take part in a range of activities and trips that they liked both in the home and in the community. On both days of our inspection we observed people participating in a dance activity with staff. Other activities available to people included reminiscence, armchair exercise, bingo, skittles and going out for walks. We saw photographs of some of the activities they had undertaken. One person enjoyed painting and drawing and their pictures were displayed on a notice board in the dining room. Some people were planning to go on holiday this summer with staff.

Care records evidenced referrals had been made promptly to a range of health professionals when people's needs had changed or they had become unwell. This included doctors, dentists, psychiatric consultants and opticians. People told us staff responded to their needs in a timely manner, especially those related to their health and wellbeing. During the inspection we heard staff had referred one person to a health professional as they had become unwell. Some people were able to request referral's to health professionals independently.

People we spoke with said they have not had the need to complain. People knew how to make a complaint if they were unhappy. Comments included, "I don't ever think I will need to complain but would talk to the

staff here if I did", "I am happy here and have no complaints. I know how to complain though".

Complaints were listened to and dealt with in line with the homes complaints policy. Complaints were acknowledged within three days with a full investigation and outcome provided within 28 days. The home had received two written complaints within the last year, both of which were resolved within 28 days. As a result of complaints raised lessons were learned and action taken to prevent similar incidents from occurring in the future. There was an accessible complaints policy available for people at the home.

Good

Is the service well-led?

Our findings

At the time of the inspection there was no registered manager in post. However a manager had already been appointed and had worked at the home for some time. They had applied to register with the Commission. The manager previously worked at the home as a senior carer and had a good understanding of their role. The manager was supported by care staff and by the provider who visited the home weekly. The provider also remained in regular contact with the manager during the week by phone.

The manager had a good understanding of the day to day issues which might be affecting the home. Staff told us they found them approachable and easy to work with. Comments included, "I personally feel she is an exceptionally good manager", "Since the manager has been in post here everything seems organised. There is much more structure in place for us and the residents". Several members of the staff team told us morale had been low before the manager had started in post but this had improved a great deal since the new manager had taken up the role. The manager demonstrated respect for the staff team in their conversations with us.

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Staff told us, and our observations confirmed the manager led by example and demonstrated strong and visible leadership. We were also told the manager was "very hands on". The manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. They were very knowledgeable about the people who lived at the home, their needs, personal circumstances and relationships they had formed in side of the home. On the first day of our inspection the manager had organised to take a person living at the home to the providers supported living service. This was to have a takeaway with other people. The person they were taken had built a good rapport with the manager.

The provider told us that following the last inspection staff had developed structured, meaningful educational awareness sessions for people. We were told this empowered people, enhanced their knowledge, promoted their independence and assisted them in making informed decisions. This also helped people to lead an active, healthy life and also gave them confidence to stand up for their rights. Educational awareness sessions involved people and their relatives. The provider had developed two easy read information folders with pictures for people to refer to. This contained information and helped to promote awareness in matters relating to social care and health care. Examples of the information within the folders included, what happens if you go to hospital in an emergency, hospital accident and emergency department, information about autism and how you can be healthy.

Staff told us how staff meetings kept them informed about any changes and provided them with an opportunity to discuss people's individual needs, what was working for people, what required improvement and any areas of concern they had. Minutes of the meetings confirmed information was recorded and discussed and included actions from previous meetings.

Quality Assurance visits took place regularly at the home. Information taken from the Provider Information Return (PIR) advised that within the last 12 months 40 audits had taken place. These were visits carried out by the provider or director. The manager told us the audits included details of the action completed as a

result of the last audit.

The manager showed us results from annual questionnaires they used to seek the views from people about the home. This was regarding the care and support people received. The questionnaire was easy to read and overall results from people and relatives were positive. Comments from the questionnaires included, "I love it here" and "Yes I like the staff". The manager also sought the views of families and other professionals through distributing questionnaires. Any feedback received from the questionnaires were incorporated into an action plan and the results were shared with staff, families and the people living in the home.

The manager showed us their on-going quality monitoring process, including medicines management, care documentation, infection control and health and safety. The manager reviewed their quality monitoring regularly and looked for trends which could be used to highlight areas within the home that required improvement. This demonstrated the manager had systems in place to monitor the quality of the service provided at the home.

The manager appropriately notified the CQC of incidents and events which occurred within the home which they were legally obliged to inform us about. This showed us the manager had an understanding of their role and responsibilities. This enabled us to decide if the home had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.