

Hestia Healthcare Properties Limited

Timperley Care Home

Inspection report

53d Mainwood Road
Timperley
Altrincham
Cheshire
WA15 7JW

Tel: 01619808001

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10 March 2021
22 March 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Timperley Care Home is a nursing home providing personal and nursing care and the treatment of disease, disorder or injury. There were 54 people, some living with dementia, at the time of the inspection. The service can support up to 56 people. The home provides en-suite rooms over two floors. One of the floors has a designated dementia care wing. Both floors have communal lounges and dining areas, accessible bathrooms and there is a large accessible garden to the rear of the home.

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

Medicines were not always safely managed. There was evidence of some medicines being incorrectly recorded as out of stock and medicines patches were not always applied as directed. Refrigerators for medicines did not always have the correct temperature recorded. Staff received training and a competency check of their ability to administer medicines safely. Families felt their relative was safe at the home and complimented the staff team on the care they gave. Recruitment of staff was safe, and staff received training appropriate to their job role. The safety of the premises was continually under review and internal and external safety checks were regularly completed. Risks to people were assessed and mitigated. Staff could describe how to minimise risks to people. Infection control processes across the home were well managed.

Further work was required for the management team to understand and scrutinise the electronic medicines management system and auditing processes for medicines. Family members and staff were complimentary of the support they received from the registered and deputy manager and we received positive comments about the work undertaken to maintain contact with relatives during the pandemic. The provider had begun to collect feedback from staff and visitors which was positive. A home improvement plan was in place to identify and improve aspects of the service. Stakeholders such as the local authority spoke positively of the improvements across the home. Staff and family members told us the registered manager was responsive and they felt supported.

We have made a recommendation for the provider to consider further training for the management team in relation to the electronic medicines system, medicines reconciliation and medicines audits.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 October 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last six consecutive inspections.

Why we inspected

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

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. □

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will 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 we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe 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 ●

Timperley Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

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

Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection. This was to enable us to check the COVID-19 status of the service and ask for documents to ready for our arrival. Inspection activity started on 10 March 2021 and ended on 22 March 2021. We visited the home on 11 March 2021.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and eleven relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, the deputy manager, a nurse and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always safely managed.
- Body maps to record where a medicine patch had been applied, were not always completed by staff. Some records completed showed that staff had not changed the area of skin used as directed by the drug company. Using the same part of the skin again can risk skin irritation and side effects. Following on from the inspection, the provider implemented additional checks to ensure patches were being administered following the correct guidance.
- Medicine fridges recorded temperatures above the recommended range, which meant we could not be assured medicines requiring refrigeration were stored safely. Following the inspection, the refrigerator was replaced, and additional monitoring put into place.
- People who received their medicines covertly had guidance in place to instruct staff how the medicine should be given, however, one person's instructions related to their last placement and this had not been reviewed.
- Further work was required to ensure medicines audits highlighted improvement to be made in relation to medicines oversight.
- When new people entered the home, the provider was not always assuring themselves the medication that arrived with them was the most up to date prescription from the GP or prescriber.

There was no evidence of people being harmed, however, the provider did not have robust arrangements in place to ensure medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014

- We found some people's medication administration records showed medicines were out of stock on some occasions. Following the inspection, the provider shared that upon investigation, the staff had recorded the incorrect code and the medicine was in stock. Further training will be delivered to staff to eliminate this from occurring again.

Assessing risk, safety monitoring and management

- Risks to people were assessed, and actions were implemented to mitigate risk.
- Staff were aware of what risks people may present and how to support people to remain safe.
- The safety of the premises was monitored and internal and external checks by competent people were completed at regular intervals.
- A staff member said, "I am aware of risks, we are told a few days before (a person is admitted) and the risk

assessments are added to the electronic system on the day of admission."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff were confident to raise any concerning information to the registered manager and felt concerns would be acted on immediately.
- People told us they felt safe living at the home and the families we spoke with confirmed this.
- A family member told us, "I have been very happy with how [name] has been in difficult circumstances. I have been impressed with the staff – they are very accommodating and have contacted me with any issue. I feel [name] is safe."

Staffing and recruitment

- Staff were recruited safely, and the appropriate pre-employment checks were in place prior to working at the home.
- People and their families, told us, there was always enough staff on duty. However, care staff spoken with felt the staff team was stretched and often staff would be taken from the first floor to support the ground floor which was considered by staff to be more demanding. We did not see any evidence this impacted on providing safe care for people living at the home.
- Staff were visible throughout the inspection and staffing levels were regularly reviewed using a dependency tool.
- One family member told us, "The staff do a fantastic job and kept me fully informed all year. I have nothing but praise for them. Before the lockdown, the staff were both available and visible."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Family members told us, "The home was clean", and, "I have never been in the building (due to the pandemic), just window visits, but it looks clean and tidy", and, "The home sought my consent for the vaccination being given to [name] as did the GP and also the nurse giving it".

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed for patterns and themes.
- Where people were at risk of falls, equipment such as sensors were used to monitor people when they may be mobile. Falls were regularly reviewed with referrals made to the falls team for further support. Families we spoke with confirmed they were always informed when their relation had an accident or incident.
- A family member told us, "They (staff) have contacted me if necessary, for example when there was a fall. I have confidence in the care home."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had stepped into a new role within the organisation and a new manager had been appointed who had yet to commence employment. The registered manager and deputy manager were supporting the service prior to and during the inspection.
- Audits to monitor and improve the service were in place with high compliance, however further work needed to be embedded into the medicines audits to ensure they were fit for purpose. For example, the medicines audit asked if there was a topical cream / patch chart in place but did not review if the chart was completed appropriately
- Further work was needed for the management team to understand the electronic medicines systems and how the data can feed into audits. For example, the electronic report showed that medicines had not been given as people were sleeping but the audits had not captured where people were regularly sleeping and may have required the time of the medicine reviewing or if the medicine had been offered again. In addition, the audit did not identify the range of the fridge temperature was sometimes being incorrectly recorded.

We recommend the provider obtains further training for the management and staff who administer medicines to ensure they are aware of how to use the electronic medicines management to its full potential and assist them in scrutinising the audits of medicines.

- Staff felt supported and valued. Staff received regular supervision and appraisal from leaders. One staff member told us, "I feel comfy airing things." Staff told us the registered manager retained oversight of the home and the deputy manager was supportive.
- The registered manager was supported by the provider and told us they had received additional support throughout the pandemic to ensure the home remained stable.

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 acted in an open and transparent way with people and their relatives.
- Concerns raised were responded to appropriately and promptly. Concerns, where appropriate were shared with stakeholders and other professionals.
- Notifications about certain events were shared with the Care Quality Commission (CQC) where people as

required.

- A family member told us, "The staff are very obliging. We had an issue which has now been resolved. The current manager is easy to talk to."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had begun to undertake feedback from staff and visitors. The current feedback received so far was positive.
- Family members spoke positively about the communication received from the staff at the home during the pandemic. Family members had remained in contact through emails, telephone and video calls. A visiting pod had been built to allow safe visiting and during the inspection. Family members were being safely supported by staff with lateral flow tests and personal protective equipment to enable them to safely visits their relative, indoors.
- One family member told us, "I have good communication with the staff and they always contact me with anything. I will be doing a two hour visit this weekend as a named visitor."
- The provider had a home improvement plan in place which had identified area's for improving and gave timescales to improve by. The plan was regularly reviewed by operational managers.

Working in partnership with others

- The provider worked in partnership with local authority commissioners and clinical commissioning groups, the medicines optimisation teams and health professionals to support care provision.
- Partners spoke positively about the home's improvements and said the registered manager was very responsive.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	There was no evidence of people being harmed, however, the provider did not have robust arrangements in place to ensure medicines were safely managed.