Marshmead Limited

Turfcote Care Home with Nursing

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an inspection of Turfcote Care Home with Nursing on 19 and 20 April 2016. The first day was unannounced.

Turfcote Care Home with Nursing provides accommodation for 76 people who need either nursing or personal care and support. There are two units. Tor View provides general nursing care for up to 46 people and Grane View provides care for up to 30 people who are living with a dementia or have mental ill health. A reablement unit was available for people who had been discharged from hospital but needed further treatment before going home. At the time of the inspection there were 57 people accommodated in the home.

The service was managed by a registered manager. 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.

During this inspection visit we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to the deployment and availability of staff and ineffective quality assurance systems. You can see what action we told the registered provider to take at the back of the full version of the report. We also made recommendations about the provision of suitable activities, improving mealtimes and the recording of people's concerns.

People made positive comments about the management of the home. We found there were systems to monitor and improve the quality of the service and to obtain people's views of the service although they were not always effective.

People told us staff were kind and caring. Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. The registered manager and staff understood their responsibilities in promoting people's choice and decision-making under the Mental Capacity Act (MCA) 2005. Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected. However, people's consent to care had not been recorded.

People's medicines were managed safely by staff who were appropriately trained to do so. People told us they were given their medicines when they needed them.

People were cared for by staff that had been recruited safely. Appropriate checks had been carried out to make sure staff employed were of good character.

People had mixed views about staffing numbers and the availability of staff. People told us there were not enough staff and they had to wait for assistance at times. Staff told us there were sufficient staff but there

were problems with the way some staff worked. The staffing rotas showed there were sufficient numbers of staff to support people although feedback indicated that the deployment, direction and daily supervision of staff was an issue and needed to be reviewed to ensure people's needs were met at all times.

Staff received training and support to meet the needs of people using the service. People felt staff had the skills and knowledge to provide them with effective care and support.

During our visit we observed people being sensitively supported, encouraged and reassured. However we also noted at times staff only interacting with people during tasks. We did not observe staff sitting and chatting with people. From our observations and discussions we found that the management team and staff were knowledgeable about people's individual needs, preferences and personalities.

We found the home to be light, clean and airy. People raised no issues about the cleanliness of the home. We noted a number of improvements had been made since our last inspection visit although we found some areas were in need of attention. The management team were able to describe the planned and needed improvements and people confirmed there had been improvements made. Regular health and safety checks were carried out. People told us they were happy with their bedrooms and some had created a homely environment with personal effects.

The service liaised with other health and social care professionals to make sure people received co-ordinated and effective care and support.

People told us they enjoyed the meals and were given a choice. The menus offered meal choices although we noted choices were not offered on the dementia unit. We found drinks and snacks were regularly offered. We noted the dining experience could be improved as the atmosphere was subdued in all dining areas with little interaction from staff throughout the meals.

Everyone had a care plan, which had been reviewed and updated on a monthly basis. Information was included regarding people's likes, dislikes and preferences, routines, how people communicated and risks to their well-being. People told us they were kept up to date and involved in decisions about care and support.

We found there were limited opportunities for people to engage in suitable activities both inside and outside the home. The home did not have an activities co coordinator and was reliant on staff availability. People and staff told us there was not a lot going on.

People told us they would raise any issue of concern. There was a complaints procedure and records had been maintained of people's complaints. However, people's 'minor' concerns were not always clearly recorded which meant it was difficult to determine whether there were recurring problems and whether appropriate action had been taken.

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 consistently safe

Staffing rotas showed there were sufficient numbers of staff available. However, we received mixed views about the availability and responsiveness of staff. We noted people were left unattended for periods of time.

Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. We did not observe anything to give us cause for concern about how people were treated.

We found there were safe processes in place to support people with their medicines.

Staff were recruited in line with safe procedures. We found appropriate checks had been completed before staff began working for the service.

Is the service effective?

Good

The service was effective.

We found the home to be clean, light and airy. Improvements were ongoing and future improvements were planned for.

People felt staff had the right level of skills and knowledge. Staff were provided with appropriate training and development.

People told us they enjoyed the meals and we observed them being given support and encouragement with their meals although interaction between staff and people using the service was limited.

People were supported to access a range of health care professionals to help ensure their general health was being maintained. A number of referrals under the Mental Capacity Act (MCA) 2005 had been made to help ensure people received the care and treatment they needed.

Is the service caring?

Good

The service was caring.

We observed people being kindly and sensitively supported, encouraged and reassured by staff. The management team and staff were knowledgeable about people's individual needs, preferences and personalities.

People were encouraged to express their views during day to day conversations with management and staff, during care reviews and during residents' and relatives' meetings.

People and their relatives were kept up to date and had been involved in ongoing decisions about their care and support and information about preferred routines had been recorded.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

People were encouraged to discuss any concerns during meetings and day to day discussions with staff and management. People told us they could speak to staff or managers if they had concerns although not everyone we spoke with was confident they were listened to.

The provision of suitable activities was reliant on staff availability. People were not always supported to engage in activities. People were able to keep in contact with families and friends.

Each person had a care plan that was personal to them which included information about the care and support they needed. Some people were aware of their care plan and had been involved in the review of their care.

Is the service well-led?

Requires Improvement

The service was not always well led

People made positive comments about the management and leadership arrangements at the service.

The number of shortfalls we found indicated quality assurance and auditing processes had not always been effective. Checks on systems and practices had been completed but matters needing

attention had not been recognised or addressed.

There were systems in place to seek people's views and opinions about the running of the home.

Staff had access to a range of policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities.

Turfcote Care Home with Nursing

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 19 and 20 April 2016 and the first day was unannounced. The inspection was carried out by two adult social care inspectors and a specialist advisor who was a health care professional who had experience of working with and developing quality standards in care homes for people living with dementia or with mental ill health.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We contacted the local authority contract monitoring team, the medicines management team, a local GP and a specialist nurse for information about the service. We also looked at the Healthwatch Lancashire Enter and View report from February 2016 and at the local authority contracts monitoring report from February 2016.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information before the inspection visit.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with six people who used the service and with five family members. We spoke with the registered manager, the deputy manager, one member of nursing staff, four care staff and a member of the laundry staff. We also spoke with the responsible individual (owner).

We looked at a sample of records including seven people's care plans and other associated documentation,

three staff recruitment and induction records, training and supervision records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and quality assurance systems. Following the inspection the provider sent us some additional information to support the findings of our inspection.

Requires Improvement

Is the service safe?

Our findings

People living in the home told us, "A lot of the staff are very kind", "I always feel fairly safe; staff help me with moving and washing" and "Some staff you like better than others but on the whole they are very nice." Visitors told us they did not have any concerns about the way their relatives were cared for. They said, "[My relative] is always kept safe", "I don't have to worry. I feel [my relative] is being well looked after" and "I have peace of mind, my relative is always safe and looked after." During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people seemed comfortable when staff approached them.

We looked at the staffing rotas on both units. We found the rotas were difficult to read and did not clearly indicate the role or designation of each member of staff or the hours worked. On the general unit (Tor View) we found there were two nurses on duty in the morning with six care staff and two apprentice care staff and one nurse in the evening with six care staff. A nurse and three care staff were available at night. On the dementia unit (Grane View) there was one nurse and five care staff during the day with one nurse and two care staff at night. An additional member of care staff was available during the day as one person required one to one supervision for safety reasons. Laundry, maintenance, domestic and kitchen staff were available each day. We noted any shortfalls in staffing numbers had been covered wherever possible by existing staff. We were told agency staff would be used if needed.

Whilst the staffing rotas showed there were sufficient staff available we received mixed views about the availability and responsiveness of staff, mainly on the general unit. Comments from visitors included, "There could be more staff at times" and "There are enough staff; the staff seem to be well managed." Comments from people living in the home included, "Sometimes there is a delay in answering buzzers and people have to wait. I think they are short staffed, but they say not", "No one ever answers the buzzers" and "Call bells are nearby but you can routinely wait half an hour for staff to come." At times during the inspection we noted requests for assistance were left unanswered on both units. We also noted staff were not always available in the lounge responding to people's requests for assistance. We noted this was discussed with staff at a meeting held on the day of our inspection. On the second day of our inspection we observed staff were allocated to and available in communal areas.

Staff told us, "There are enough staff during the day to meet people's needs. If staff are sick then cover is provided by other staff or agency staff", "There can be a delay in meeting people's needs if we are busy", "Not all staff do what they are supposed to do; it can make it feel like we don't have enough staff" and "There are not always enough experienced staff on duty. Not all staff pull their weight so this may be why it feels short staffed at times."

We discussed our findings with the registered manager and owner of the service. We were told the registered manager did not use a recognised staffing tool to help determine the required numbers of staff but regularly kept people's dependency levels under review. From our discussions it was clear that arrangements were in place to ensure sufficient numbers of staff were available. The provider told us staffing numbers had recently been increased by employing 'apprentice' care staff from the local colleges. However, from the

feedback we received and from our observations it was clear that the deployment, direction and supervision of staff was an issue which had impacted on the availability of staff to meet people's needs. The provider had failed to deploy sufficient numbers of suitably qualified and experienced staff to meet people's needs.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment records of three members of staff. We found appropriate checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, a record of interview, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We noted there were no photographs as a means of identification and no medical assessments which would help to determine that applicants were physically and mentally fit to undertake the role employed for. The registered manager assured us this would be addressed. One new member of staff told us they had not commenced work until all the required recruitment checks were in place.

Regular checks on the registration status and fitness to practice of all nursing staff had been completed. We noted agency nursing and care staff were being used to cover shifts. The home had received confirmation from the agency that they were fit and safe to work in the home.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. There was information about recognising and reporting abuse available in the hallway for people living in the service and their visitors to read.

Staffs told us they had received safeguarding vulnerable adults training. Records confirmed most staff had received appropriate training within the past two years and additional training had been booked. The staff we spoke with had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. They were aware of their responsibility to ensure concerns were reported immediately and were confident the registered manager would deal appropriately with any concerns they raised. The registered manager was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies dealing with these issues. Information we held about the service indicated any safeguarding matters were effectively managed and appropriately reported to the relevant authority.

Our records showed there had been a number of incidents between people living in the home. We found individual assessments and strategies were in place to guide staff how to safely respond when people behaved in a way that challenged the service. A health professional told us, "They have good techniques in place to respond to any challenging behaviours. There are good strategies in place to keep people safe and staff work closely with the mental health team." Staff had access to policies and procedures and records confirmed most staff had received training in this topic and further training was underway. During our visit we observed staff promptly responding to, and resolving difficult situations in a kind, quiet and calm manner. We observed staff using distraction techniques such as reading the newspaper, using a rummage bag and folding material to help keep people safe. Incidents were recorded, reported on and closely monitored by the service.

We looked at how the service managed risk. Individual risks had been identified in people's care plans and

kept under review. Risk assessments were in place in relation to pressure ulcers, nutrition, falls and moving and handling. The assessment included information for staff about the nature of the risk and how it should be managed. The assessments were reviewed monthly or sooner if there was a change in the level of risk. A visitor told us, "[My relative] is at risk of falling but has had no falls here. The staff manage risks well." There was key pad access to leave the home and visitors were asked to sign in and out of the home. This would help to keep people safe.

There was a business continuity plan which provided information for staff about the action they should take in the event of an emergency or the failure of a service, for example the gas or electricity supply.

Records showed equipment was safe and had been serviced. Environmental risk assessments and health and safety checks were completed. These included electrical installation testing, gas safety tests and fire equipment and fire alarm testing. Records were provided following the inspection to confirm legionella testing and water temperature monitoring had been completed.

Training had been given to staff to deal with moving and positioning people safely although with regards to new staff this was not always recorded clearly on the training matrix. During our inspection we observed staff adopting safe practices when supporting people to move around the home. Staff told us, "All staff are trained and use equipment for moving people." However, during our discussions with people one person told us staff did not always use the moving equipment. We shared this information with the registered manager who advised she would monitor this.

We noted training had been given to staff to deal with emergencies such as fire evacuation although we noted personal emergency evacuation plans (PEEP) were not in place for people using the service. This meant staff did not have clear guidance on how to support people to evacuate the premises in the event of an emergency. Following the inspection we were told this and the fire risk assessment had been updated.

We looked at how the service managed people's medicines. We found appropriate processes and records were in place in relation to storage, receipt and administration. However, following a delivery error we noted medicines for disposal were not stored in tamper proof bins. This was not in line with safe procedures and could result in the misuse of medicines. Our findings were discussed with the management team and appropriate bins were ordered.

A monitored dosage system (MDS) of medication was in use. This was a storage device designed to simplify the administration of medication by placing the medication in separate sleeves according to the time of day. Nursing staff who were responsible for the safe management of people's medicines had received regular update training and detailed policies and procedures were available for them to refer to. The process for managing people's medicines safely was monitored by the medicines management team and by the community pharmacist. However, formal checks on the nurses' practice had not been recorded. The registered manager assured us this would be actioned.

We observed people's medicines were given at the correct time and in the correct manner with encouragement as needed. People told us they were given their medicines when they needed them although people's comments were mixed. One person said, "I get my medicines on time" whilst another person was concerned that medicines such as eye drops had been administered at the dining table during meals. A family member said, "They give (my relative) pain relief when needed" whilst another family member told us prescribed creams had not been applied consistently. Feedback from the medicines management team was positive. They told us, "Turfcote are proactive in obtaining medicines and undertaking medicines reconciliation". They told us this helped to reduce errors. Whilst we did not observe

any unsafe practice during our inspection visit we shared people's feedback with the registered manager for action.

The Medication Administration Records (MAR) charts we looked at were accurate and up to date. The MAR provided information on prescribed items, including a description of the medicines, dosage instructions and a photograph of the person. Staff had instructions on administering medicines prescribed "as necessary" and "variable dose" medicines. This would help make sure these medicines were offered consistently. Medicines were clearly labelled and codes had been used for non-administration of regular medicines. There were records to support 'carried forward' amounts from the previous month which helped monitor whether medicines were being given properly. Bottled medicines were dated on opening to help make sure they were appropriate to use. We noted boxed medicines were not consistently dated on opening; the deputy manager agreed to discuss this with other nursing staff.

Appropriate arrangements were in place for the management of controlled drugs which were medicines which may be at risk of misuse. Controlled drugs were administered, stored and disposed of appropriately and recorded in a separate register.

Some people's medicines had been reviewed by their GP which helped to ensure people were receiving the appropriate medicines. Regular internal and external audits of medicine management were being carried out. This helped to reduce the risk of any errors going unnoticed and enabled staff to take the necessary action.

Appropriate authorisations were in place where medicines were being given covertly in the person's best interests. However staff told us advice had not been sought to determine whether the medicine could be safely crushed and still remain effective. The registered manager agreed to follow this up with the community pharmacist.

We looked at the arrangements for keeping the service clean and hygienic. People raised no issues about the cleanliness of the home. Visitors said, "The room is generally kept clean but the bedding is not changed regularly" and "The home is always clean." We did not look at all areas but despite an early morning odour on the dementia unit we found the home was clean and odour free.

The current training matrix indicated most staff had received infection control training although additional training was underway. There was a designated infection control lead who would take responsibility for supporting staff and conducting checks on their practice. The lead person attended external infection control meetings which helped to keep themselves and other staff up to date.

We noted staff hand washing facilities, such as liquid soap and paper towels were available around the home such as bathroom and toilet areas and in some people's rooms. However, they were not available in all areas of the home and the recommended pedal operated waste bins had not been provided. Staff needed to be able to wash their hands before and after delivering care to help prevent the spread of infection. The registered manager assured us this would be addressed and suitable dispensers would be provided. Appropriate protective clothing, such as gloves and aprons, were used. There were contractual arrangements for the safe disposal of clinical waste.

The laundry was situated on the dementia unit. There was sufficient equipment to launder and maintain people's clothes. There was a facility for sluicing soiled clothes and different coloured bags were used to separate contaminated waste and laundry. A domestic and a laundry person worked each day. Cleaning schedules and sufficient cleaning products were available.

Good

Is the service effective?

Our findings

People told us they were generally happy with the service they received at Turfcote Care Home with Nursing. People felt the staff team had the skills and knowledge to provide them with effective care and support. They said, "On the whole it's quite good really" and "Most of the staff seem quite capable." A visitor said, "Staff seem good and have the needed skills." A health care professional said the staff worked effectively with them. Staff told us, "I can always approach the manager and feel supported and the nurses are great. I receive regular updates to training" and "Staff have the skills and are given the training needed to meet people's needs."

We looked at how the service trained and supported their staff. The training matrix showed a number of gaps in the provision of training. However, from looking at records and from our discussions we found staff had been provided with a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Training included safeguarding vulnerable adults, medicines management, moving and handling, fire safety, dementia and management of behaviour that challenged the service. Staff told us they could ask for additional training if they felt they needed it. We found there were effective systems to ensure training was completed in a timely manner.

Additional training was provided to enhance the skills of the nursing staff. Consideration was being given to providing support, training and development to evidence and maintain the nurse's registration with the Nursing and Midwifery Council (NMC). All other staff had achieved a recognised qualification in care or were working towards one. A number of 'apprentice' staff had been recruited. They were not included in staffing numbers and their training was provided by the local college. A member of staff had been appointed as their mentor to ensure they received appropriate support, training and development.

Staff told us they felt supported by the registered manager and by other members of the team. There was a plan in place to ensure all staff received regular formal one to one supervision sessions. This would help to identify shortfalls in their practice and the need for any additional training and support.

Records showed new staff had received a basic induction into the routines and practices of the home which included a period of working with more experienced staff. One new member of staff told us, "The induction was good. I observed other staff and helped for the first three weeks. I didn't provide care on my own until I was competent and confident." Other staff confirmed this.

Records showed agency nursing and care staff were used infrequently. We were told the home did not often use agency nursing and care staff but would use the same staff to provide continuity of care. However, agency staff had not received a formal induction to the home or to the layout of the building which could place people at risk. The registered manager gave assurances that any future agency staff would receive a basic safety induction including a plan of the home.

Staff told us handover meetings, communication sheets and a communication diary helped keep them up to date about people's changing needs and the support they needed. Records showed key information was

shared between staff and staff spoken with had a good understanding of people's needs. Staff had access to a range of policies and procedures to support them with safe practice.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "The food has improved. I get plenty to eat and drink", "You can always have something you like. There is always a choice and we are not rushed and always given time to eat the meal" and "The breakfasts are very good." Visitors commented, "The food is okay", "The food and drink are fine" and "Staff encourage people to eat when they are off their food."

The menus and records of meals served indicated people were offered meal choices and at times alternatives to the menu had been provided. The daily menus were displayed in the dining room on the general unit but not on the dementia unit. However, we noted people on the dementia unit were shown two meal choices and staff had access to information about their food preferences. We observed people being served drinks and snacks throughout the day and being given assistance when needed. People told us they were able to dine in other areas of the home if they preferred and equipment such as adapted cutlery and crockery was provided to maintain their dignity and independence.

During our visit we observed lunch being served on both units. The dining tables were appropriately set and condiments and drinks were made available on the general unit but condiments were not offered or available on the tables in the dementia unit. The lunchtime meals looked and smelled appetising; they were hot and the portions were ample. However, on both units we observed that the atmosphere was subdued without chatter or friendly banter. The atmosphere on the dementia unit 'lacked warmth or engagement with staff'. On the general unit the television was on in the background but there was no interaction from staff other than asking if people had finished their meal and clearing the tables. We did note positive, encouraging and sensitive interactions when people were being helped to move from the tables to the lounges or to their bedrooms.

We recommend that the providers seek advice and guidance from reputable sources, about effectively supporting people during mealtimes.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records had been made of people's dietary and fluid intake when needed. People's weight was monitored and appropriate professional advice and support had been sought when needed.

We looked at how people were supported with their health. The home provided a reablement service for people who had been discharged from hospital but needed more treatment and support prior to going home. A health care professional said, "The service has good health and social care input with access to a wide range of specialists." Records had been made of healthcare visits including tissue viability, mental health team, speech and language therapists and the falls team. We found the service had links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

People's healthcare needs were considered as part of ongoing reviews. One person said, "If I am poorly the staff ring the doctor." Visitors said, "If there are any health concerns the doctor is called", "[My relative's] health needs are met. The nurses here are very proactive and take action quickly" and "Appropriate referrals are made." The service had recently signed up for a system whereby they could access remote clinical consultations; this meant staff could access prompt professional advice at any time and hospital admissions could be avoided in some cases.

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). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Most of the staff team had received training in the principles associated with the MCA 2005 and the DoLS. Additional training was underway. We found staff had an understanding of the relevant requirements of the MCA and understood the importance of gaining consent from people and the principles of best interests' decisions. Care records showed people's capacity to make decisions for themselves in all aspects of their lives had been assessed on admission and kept under review. We noted in every decision taken the person was involved throughout the process and some people had recorded their agreement in the care plans. Staff we spoke with said they monitored this and would report any changes in people's ability to make decisions. Policies and procedures in relation to the MCA and human rights were available for staff reference.

DoLS applications had been submitted for thirty three people whose liberty needed to be restricted for their safety. The registered manager told us eleven of these had so far been authorised. Records showed the conditions of the authorisations were being followed. This would help to ensure people were safe and their best interests were considered.

Care records showed people's capacity to make decisions for themselves in all aspects of their lives had been assessed on admission and kept under review. We noted in every decision taken the person was involved throughout the process and some people had recorded their agreement in the care plans. Staff we spoke with said they monitored this and would report any changes in people's ability to make decisions. Policies and procedures in relation to the MCA and human rights were available for staff reference.

From looking at records and from our observations we were aware some people were unable to make decisions for themselves. We saw some information in the care plans regarding people's ability to make some choices and assessments of people's capacity had been completed. We observed people being asked to give their consent to care and treatment by staff. Staff spoken with were aware of people's capacity to make choices and decisions about their lives. However we noted people's consent or wishes had not been recorded in areas such as information sharing, health monitoring, personal involvement, medicine management, taking photographs and gender preferences around support with personal care. This meant that people, particularly those with limited decision making, may not receive the help and support they needed and wanted. Following the inspection we were told the care plans had been reviewed to include this information.

The service had a policy in place with regards to resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation). We looked at records relating to DNACPR decisions. We found they had been discussed with the person's family and kept under review to ensure the decision was appropriate. We found the information around DNACPR decisions was stored in the care plans and as such was not easily available to staff. We discussed this with the deputy manager and the information was included on the handover sheet during our

visit.

Turfcote Care Home was an extended detached older property which had retained a number of original features. It was situated in the town of Haslingden, on a main bus route and close to many local amenities. There were safe and accessible gardens with seating for people to enjoy in the warmer weather. Parking was available for visitors and staff. Accommodation was provided on three floors with a passenger lift. There were 70 single bedrooms and seven shared/double rooms.

We looked around the home. We found the home to be light and airy. We did not look in all rooms but found some areas were in need of attention including damage to doors, plaster, wallpaper and woodwork and faulty glazing in some of the rooms. However, we also noted a number of improvements had been made since our last inspection visit which included refurbishment and redecoration of bedrooms, replacement of kitchen equipment, repairs to the main roof, development of a sensory garden on the dementia unit and purchase of more suitable beds. The corridor and stairway carpets were due to be replaced the following day.

Without a formal development plan it was difficult to determine what improvements would be made and the expected timescales for completion. However the registered manager and the owner were able to describe the planned and needed improvements for the next twelve months. Planned improvements included the areas we had noted during our inspection. Maintenance staff were available and a system of reporting required repairs and maintenance was in place. We were told repairs were completed promptly. A health care professional made positive comments about the environment and said, "There has been more investment in the home."

Most bedrooms were single occupancy and some had en-suite facilities. People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. This helped to ensure and promote a sense of comfort and familiarity. People could have keys to their bedrooms. However we found a small number of door fittings had been replaced without providing suitable locking devices. The registered manager and owner were unaware of this. This was discussed with the maintenance person; we were advised new fittings would be ordered and replaced.

The décor on the dementia unit had improved since our last visit. Interesting murals, wall art and photographs were in place in the lounge and dining room area. The lounge areas had been interestingly decorated with different themes such as a beach themed and a movie theme. We noted the corridor areas provided ample space for people to safely walk about but could be improved by providing interesting items such as sensory or activity objects to occupy people. The bathrooms and toilets were not dementia friendly in terms of decoration. Appropriate pictorial signage was in place although this could have been larger and more visible and the bedroom doors were not personalised for easy identification. Following the inspection we were told this was being addressed.

Good

Is the service caring?

Our findings

People we spoke with were generally happy with the staff and the service they received. People said, "The staff here seem very caring", "Staff are caring and helpful", "The care here is sometimes very good", "I am looked after well" and "Some of the staff are very good and very caring." Visitors were complimentary about the care. They told us, "This is the third home [my relative] has been in and this one is the best", "They always keep me informed", "We are extremely happy with the care, they keep us involved and inform us of any event or incident" and "I am totally happy with the care being provided; [my relative] gets good personal care." Staff told us, "People get personalised care" and "All staff are caring but some more than others."

People confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed people visiting throughout the days of our inspection and noted they were treated in a friendly and respectful way. One visitor commented, "I am able to bring the dog in anytime. I like this about the home as it makes it feel homely."

During our visit we observed people being kindly and sensitively supported, encouraged and reassured by staff. From our observations and discussions we found that the management team and staff were knowledgeable about people's individual needs, preferences and personalities. However we also noted at times staff only interacted with people during care tasks; we observed limited interaction between people living in the home and staff and we did not observe staff sitting and chatting with people. This was also noted during the Healthwatch Lancashire visit earlier in the year.

People told us they were able to make some choices and were involved in decisions about their day. People said, "I choose my clothes the night before; I can change my mind if I want" and "I can have a shower when I want one." Staff told us they encouraged people to do as much as possible for themselves to maintain their independence particularly on the reablement unit.

There was information about advocacy services displayed on the notice board. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Information was available about people's personal preferences and choices around issues like meals, routines, hobbies and interests. This helped staff to treat people as individuals. We looked at various records and found staff wrote about people in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way. This helped ensure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. Staff were seen knocking on people's doors before entering and closing doors when personal care was being delivered. Staff spoke to people respectfully and appropriately.

People were encouraged to express their views during day to day conversations with management and staff, during care reviews and during residents' and relatives' meetings. The resident's and relative's meetings helped keep people informed and gave them the opportunity to be consulted on a variety of topics. People

and their relatives told us they were involved in reviews of their care and support. Visitors told us they were kept up to date with any changes to their relative's health or well-being.

Requires Improvement

Is the service responsive?

Our findings

People who used the service and their visitors were encouraged to discuss any concerns during meetings and during day to day discussions with staff and management. A suggestions box and feedback forms were also available for people to use. People told us they could speak to staff or managers if they had concerns although not everyone we spoke with was confident they had been listened to. They said, "I have spoken to the manager but things haven't improved" and "The staff have sorted things out for me." Two visitors told us they had raised concerns in the past and were happy with how they had been dealt with. One visitor said, "I have not had any concerns." Another visitor told us they had raised concerns in the past but there had been 'little improvement' but had since been able to discuss their concerns as part of the care plan review process.

During our inspection people shared minor concerns with us; we were told some concerns had been resolved and other people were dissatisfied that their concerns had not been responded to. We noted there were no clear records of people's 'minor' concerns which would help to determine whether there were recurring problems, whether appropriate action had been taken or whether the information had been monitored and used to improve the service. The registered manager agreed to re instate a record on each unit which would help her to monitor and respond to people's minor concerns more effectively.

We recommend the service seeks appropriate guidance with regards to the recording of and acting on people's 'minor' concerns.

There was a complaints procedure displayed in some people's rooms and in the entrance advising people how to make a complaint. Records showed there had been four complaints made to the service in the past 12 months. Clear records had been maintained and showed the service had responded in line with procedures. People's complaints were monitored by the provider and the information was used to improve the service. We also saw a number of messages of appreciation had been received for the care and support people had received. One person had written, "I would recommend this place to anybody; I was very happy there."

The service did not employ an activities person which meant the provision of daily activities was reliant on staff availability or outside entertainers. During our two day inspection we did not observe any one to one or group activities taking place or any fun and positive interaction between people. On the dementia unit people were generally sat in the lounge whilst the television was on.

People told us, "There is not a lot going on really. There could be more", "It's very quiet here", "I like going outside. Staff help me go outside sometimes", "I like to read large print books, the mobile library used to come but not now" and "I wouldn't really change anything except I would like to do more activities." A visitor said, "I'm not aware of any activities. They are listed on the board but I've not seen much going on." Staff told us, "We do what we can but would like an activity co coordinator. We used to have one", "It is hit and miss of what is on and when it will be" and "Activities are provided such as one to one in the afternoons, outside entertainers, evening bingo which is very popular, dominoes and cards but we could do with more."

We recommend the service seeks guidance about the provision of suitable activities to ensure people's social needs and expectations are met.

There was a record made of people's interests. For example one person enjoyed looking at books, magazines and papers and another enjoyed music. We did not observe any activities tailored to individuals. We were told the talking book service was available if people requested this and hardcopy books were available in the home but not in large print. People were not supported to engage in activities within the local community or encouraged to pursue their hobbies and interests. We found one person had a record of activities such as bingo and a movie. However, records were not consistent. One person told us the local clergy visited the home on request and offered people the opportunity to practice their faith.

Before a person moved into the home an experienced member of staff carried out a detailed assessment of their needs. Information had been gathered from a variety of sources and covered all aspects of the person's needs, including personal care, likes and dislikes, mobility, daily routines, social and leisure interests and relationships. The information gathered ensured people's care and support needs could be met with consideration given to people already residing at the home. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

We looked at the arrangements in place to plan and deliver people's care. People had an individual care plan which was underpinned by a series of risk assessments. Information was included regarding people's likes, dislikes and preferences, routines, how people communicated and risks to their well-being. This helped to ensure people received the care and support in a way they both wanted and needed. Daily records were maintained of how each person had spent their day; these were informative and written a respectful way. We saw evidence to indicate the care plans and risk assessments had been reviewed and updated on a monthly basis or in line with changing needs.

Visitors and people using the service told us they were kept up to date and involved in decisions about care and support. They told us they were aware of the care plan and had been involved in discussions and decisions about care. People told us, "I was involved in my care plan" and "Staff know me inside and out. They know what I like and they do things how I like them to be done." Visitors said, "We've not been involved in the care plan but I feel [my relative's] needs are being met", "Staff have been helpful and willing to engage in conversation about [my relative's] care" and "I have been involved in [my relative's] care plan review. I was able to include my comments."

Staff told us they were kept informed about the care of people living in the home. There were systems in place to ensure they could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift, the care plans, information boards, handover sheets and communication diaries. From our discussions and observations we found staff to be knowledgeable about the people in their care.

Staff told us, "I feel I know people well and provide them with personalised care" and "People are involved in their care; we discuss their care needs." However, they also told us, "We do not have the time to read care plans" and "We follow care plans but it can be difficult if we are busy." One member of staff told us the care staff do not have opportunity to read the care plans but would be updated at handover sessions. This meant the information in people's care plans may not be fully understood by care staff which could result in people's needs not being met.

When people were admitted to hospital they were accompanied by a transfer form containing a summary of

their essential details and information about their medicines. In this way people's needs were known and taken into account when moving between services. Staff would notify family members of the transfer to another service and arrangements would be made to meet the person there. Staff did not routinely escort people to hospital appointments.

Requires Improvement

Is the service well-led?

Our findings

We asked people for their opinion of how the service was managed. People made positive comments about the management arrangements at Turfcote Care Home. Comments included, "The staff and managers are approachable", "The manager is very nice" and "The service seems well managed; seems like a big family." Visitors said, "I have no complaints about the management of the home." Staff told us, "The manager and the deputy spend time on each unit; they know what is going on" and "The service is well managed; we know what our responsibilities are."

The registered manager had been in post for 12 years. She was supported by a deputy manager who had also worked at the home for a number of years and by the owner who was very involved in the day to day running of the home. The registered manager was able to keep in contact with registered managers from other homes to share best practice. We noted the registered manager had not received formal one to one supervision. However, we noted her practice was monitored informally by the owner during the day to day management of the home.

Both the registered manager and the owner were seen to interact professionally with people living in the home, with staff and with visitors to the home. Throughout our discussions it was clear they had a thorough knowledge of people's needs and circumstances and were committed to the principles of person centred care. They attended daily handover meetings with the nurse in charge to discuss any concerns or issues. The management team were able to describe their achievements so far and were aware of the improvements needed. There was a business and development plan available to support this.

We found systems were in place to assess and monitor the quality of the service. During the inspection we found a number of shortfalls in respect of areas such as mealtimes, consent, recording of concerns, environment, activities and staffing. This meant the quality monitoring systems were not always effective. We noted the registered manager and the provider were very approachable and where improvements were identified during this visit, they were swiftly acted on to ensure people's safety. However we would expect such matters to be identified and addressed without our intervention. The provider had failed to operate effective quality assurance and auditing systems.

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

The registered manager completed the required quarterly reports for the health commissioners which included an overview of falls, pressure sores, DoLS and infection rates in the home. There was evidence these systems had identified shortfalls and that improvements had been made. The results of the audits were monitored and prompt action taken to improve the service where shortfalls were noted. We noted the local authority contracts monitoring team had visited the home in February 2016; no concerns had been raised.

There were systems to seek people's views and opinions about the running of the home in areas such as

personal care, admission to the home, management of the home, the premises and mealtimes. People were asked to complete customer satisfaction surveys to help monitor their satisfaction with the service provided. There was also a suggestion box and survey forms available in the entrance hall. The management team reviewed the results of the surveys to help improve practice. However, the results of the surveys had not been shared with people using the service. The registered manager and owner assured us they would review this.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local commissioners, local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

Staff had access to a range of policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities. They told us they were kept up to date and encouraged to share their views and opinions at meetings. One member of staff said, "We have regular staff meetings and I am happy to raise concerns." We looked at minutes of meetings and found topics discussed included work performance, activities, medicines, safety issues, routines and menus.

Staff told us there was good communication at the home and they were well supported. Staff felt they could raise their concerns with the management team and were confident they would be listened to and appropriate action would be taken. There was a stable staff team; the majority of staff had worked at Turfcote Care Home for a number of years. Staff spoken with told us they were happy working at the home. They said, "I love working here" and "I like it here." We were told all staff received a monthly bonus for good attendance.

Staff were aware of who to contact in the event of any emergency or concerns. There was always a senior member of staff on duty with designated responsibilities and the registered manager or the owner could be contacted in an emergency.

The service had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.

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 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to operate effective systems and processes to ensure compliance. This was a breach of Regulation 17 (1) (2) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had failed to deploy sufficient numbers of suitably qualified and experienced staff to meet people's needs. This was a breach of Regulation 18 (1).