

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 

### Overall summary

The inspection took place on 17 February 2015 and was unannounced. At our last inspection in April 2014 the service was meeting the regulations inspected.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered nominated people, 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.

# Summary of findings

People told us they felt very safe at the home and were very comfortable with the staff who supported them. There were systems in place to ensure that staff and other people knew how to report any concerns about safety and wellbeing if they had them.

People felt well cared for and supported in the home and in the community when they went out. There was enough staff who were able to meet their needs and provide people with a caring and supportive service.

Staff knew the people they were supporting well and provided them with a personalised service that effectively met their needs. Care plans clearly explained how people wanted to be supported. People were fully involved if they wanted to be in making decisions about their care. People told us they liked the staff and the registered manager a great deal and felt extremely well supported by them.

People were involved in deciding what choice of meals, snacks and drinks they had. People spoke highly of the meals provided and told us they always enjoyed the choices available.

The registered manager and staff knew about the Mental Capacity Act 2005 code of practice and the Deprivation of Liberty Safeguards. They ensured they were followed when decisions were made on people's behalf where people lacked capacity to make these decisions.

If people had a complaint or a concern there was an effective system in place to ensure these were properly addressed.

The home was well run and the registered manager worked closely with the provider's representative who was involved in the way the home was run. Every person we spoke with had very positive views of the attitudes and approach of the registered manager and provider's representative who they also knew well.

There were systems used to assess the quality of the service. When improvements were needed, the quality checking systems were able to identify them and changes were made. This showed quality monitoring processes were effective and helped ensure people received safe care that met their needs.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

Staff in the home understood how to recognise and report abuse and they had been on training about the subject of keeping people safe.

People lived in a clean tidy home where the premises was kept clean and to a hygienic standard.

There was enough staff employed to meet the needs of people living at the home.

Good



### Is the service effective?

The service was effective.

People were supported to have enough to eat, and meals were planned based on what they enjoyed.

Peoples' needs were met by competent staff who had a good understanding of their needs and the care they required.

People were able to see their GP and specialist health care professionals assisted people to meet their health care needs.

People's rights were protected at the home as the registered manager and the staff understood about the Mental Capacity Act 2005 code of practice and the Deprivation of Liberty Safeguards. They ensured they were followed when decisions were made on people's behalf.

Good



### Is the service caring?

This service was caring.

People told us that they felt very well cared for and they also told us the registered manager and the staff were exceptionally caring. People told us they received a level of care and support that they felt was outstanding.

People were treated respectfully and their independence, privacy and dignity were maintained and promoted.

Good



### Is the service responsive?

The service was responsive

People's needs were thoroughly assessed and support was being provided as agreed in their care plans. People received support and assistance in the way they needed it.

People made choices about their lives in the home and were able to take part in activities of their choosing.

There was an effective system in place to receive and respond to complaints or concerns.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

People felt that the management style of the registered manager and the provider was very open and caring in nature.

There were effective systems to assess the quality of the service provided in the home. The systems used ensured people were protected against the risk of receiving unsuitable and unsafe care and support.

# 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's representative 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.

At our last inspection in April 2013 the service was meeting the regulations inspected.

We visited the home on 17 February 2015. Our visit was unannounced and the inspection team consisted of an inspector. We spoke with seven people who lived in the home and one visitor. We spoke to the registered manager, the provider's representative and two members of staff.

We observed care and support in shared areas. We looked at two people care records. We also looked at a number of different records that related to how the home was managed.

We reviewed notifications of incidents that the provider's representative had sent us since the last inspection. Notifications are information about specific important events the service is legally required to send to us.

# Is the service safe?

## Our findings

Every person who we spoke with told us they felt safe and secure living at the home and with the staff. People were supported to stay safe by processes that were put in place to protect them from harm. Staff understood about the different types of abuse that can occur. They were able to tell us what to do and who to report it to if they were concerned. The training records confirmed they had been on training to help them understand what abuse was. We saw a copy of a policy was displayed in the home about how to safely report abuse. The policy had been written in an easy to read understand format so that it was easy to understand.

Staff provided people with care and support in a prompt and safe way. People said that there was enough staff to provide the support they needed. We saw there was enough staff on duty to provide one to one assistance when people needed it. For example we observed someone being given one to one help as they became unsteady when they walked. We also observed staff support people to feel safe who were anxious due to their mental health needs.

There was enough staff employed to be able to ensure peoples' needs were met in a safe and suitable way. The registered manager and the provider's representative told us they planned the numbers of staff on duty based on peoples' particular needs and if there were any additional activities taking place. They said they would also increase staff numbers when people were physically unwell and needed extra support. Our own observations and the staff records we viewed showed there were enough staff to be able to meet people needs and keep them safe.

Risks people may be exposed to were properly assessed and actions put in place to keep people safe where needed. The care records set out clearly what actions to take do keep the person safe. Staff were able to tell us what was in people's risk assessments records and knew what to do to keep people safe.

The registered manager analysed and reviewed all accidents and incidents in the home. This information was analysed and care plans and risk assessments were

updated where needed. Staff told us the registered manager communicated to them if there were any changes in people's care. For example if people's mental health had significantly changed, or someone had a fall or an accident.

Medicines that people required for their health and well-being were stored and managed safely. Up to date records were kept of all medicines that were received at the home and when they were disposed of. Medicine administration records explained how people had received their medicines or why they had not been given.

All staff had to complete regular medicines administration training to make sure they were safe and competent to give out medicines. Audits were carried out by the pharmacy who supplied medicines to the home. These explained that regular quality checks were carried out by the provider's representative and the registered manager. Medicines were stored securely in a locked trolley and a secure cabinet. The registered manager told us they ordered medicines from a local pharmacy. The pharmacy provided emergency out of hours support when required. We saw records that showed medicines were regularly checked to ensure people had a sufficient supply of the medicines they required.

The risks to people from unsuitable staff being recruited were reduced because there was an effective recruitment system for potential new employees. We saw in the records around staff recruitment that all the checks and information required by law had been obtained before new staff were able to commence employment. Two or more references were obtained for all prospective new staff. If a candidate had gaps in employment these were explored with potential new staff. This was to check that they were suitable to be employed at the home.

The premises looked clean and hygienically maintained in all areas that we viewed. There was a record of cleaning schedules which staff had signed and dated to confirm they had cleaned different rooms. These records were a way of checking that rooms in the home were regularly cleaned. There was an up to date record that showed all electrical equipment in the home was checked to verify if it was safe for use. The heating and the fire alarm systems were also regularly checked by suitably qualified contractor.

# Is the service effective?

## Our findings

Every person we met spoke positively to us about the way they were supported with their needs at the home. Comments included; “the staff give me the help I need”, “they can’t do enough for you”, and “the staff help me they check on me and come and take me out when I need help”.

People told us the registered manager and the staff understood care and support they needed. People said staff were “very helpful”, another person said staff had been “very supportive” when they had needed extra support. One person told us they had been in a number of other homes and the support they received at this home was “the best by far”.

Every person who we spoke with told us that the calm and supportive approach from the staff helped them to feel better in mood and to feel supported with their mental health needs. One person said, “they know how to deal with me”. Another comment was “they know when I feel down”. We saw the registered manager, the provider’s representative, and the other staff on duty supported people at the home. All the staff were friendly and had a calm approach. We heard them speak with people about how they were feeling and how they wanted to spend their day. This approach from all the staff helped to demonstrate that they knew how to care for people in a way that helped them cope and feel better with their particular mental health needs.

Staff were knowledgeable about people’s different mental health needs and how they supported them. They said they had to know people very well and read the care plans regularly to ensure they knew how to provide them with effective care and assistance. For example, staff told us about one person who needed staff to accompany them. This was to support them to build their confidence up to go out on their own from the home.

People were provided with sufficient food and drink to stay healthy. Staff understood people’s nutritional requirements and how to support them. They told us about how they helped people to ensure they were provided with a suitable and varied diet. One person told us staff helped them prepare and cook their own food.

Care plans clearly set out how staff should support people at meal times. Dietary advice and guidance was available and kept in the kitchen for staff to refer to when assisting

people. There was up to date information in relation to how much people were eating and drinking. For example one person needed prompting to ensure they ate and drank enough because their mood fluctuated and this could affect their diet.

We spoke with the registered manager about the Mental Capacity Act 2005. They demonstrated that they understood how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. We looked at care records which demonstrated that the principles of the Mental Capacity Act 2005 Code of Practice had been used when assessing an individual’s ability to make a particular decision.

Staff understood about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting on behalf of people who lack capacity to make certain decisions. Staff had attended training and had signed to say they had read registered provider’s policies available to staff. Care plans explained where people could not give consent and what actions were needed so they received care and support in a way that maintained their rights. For example one person was felt to be at risk if they left the house without support as they may have a road accident. This had been clearly explained to the person and staff then offered to go with them if they wanted to go out. A best interest decisions had also been made around this matter to ensure the person’s legal rights were upheld.

The rights of people who lived at the home were protected because the registered manager knew about the legal requirements of DoLS. These protect peoples’ rights to ensure if there are restrictions on their freedoms they are done lawfully and with the least restrictions on their liberty. The registered manager was able to tell us when an application should be made. When we visited there was one person at the service who may have needed a DoLS authorisation to be in place. We saw confirmation that an application had been made for an authorisation to be put in place.

People were effectively supported with their physical health care needs. People were registered with a GP surgery nearby and staff monitored people’s health and wellbeing and supported them to see their doctor if needed. One person had specific health requirements and there was clear guidance for staff about their needs.

## Is the service effective?

People were supported by enough staff that were suitably trained and experienced to meet their needs. Staff told us they had been on training courses relevant to the needs of the people they supported. Courses included understanding mental health needs, infection control, and food hygiene, safe moving and handling and health and safety. Staff had completed a comprehensive induction when they began employment. This was to ensure they were properly supported to provide effective care for people. The staff training records confirmed staff attended regular training in a number of subjects relevant to the needs of people living at the home.

Staff were being properly supervised in their work. An annual appraisal of their work took place to support and guide staff in their work and performance. The frequency of one to one supervision meetings was at least once every month to review their work and development. The team met individually with the registered manager to discuss their work and share their views. Staff spoke positively to us about the registered manager and the provider's representative. They told us they were both supportive at all times.



# Is the service caring?

## Our findings

Every person we met praised the caring attitude of the staff and told us the care from the staff was of an exceptionally high standard. Every person we spoke to told us how happy they were at the home because of the caring manner of all of the staff.

Examples of comments people told us included, “the manager is lovely this is the best place I’ve ever been in you can do whatever you like in moderation, I never want to move from here I like it too much”. We were also told, “I have my own key to my room and the staff here do not come in uninvited, the home is outstanding, I’d give it 10 out of 10”. Another person said, “I don’t think you could get more caring people. If you want them they are always there they can’t do enough for you it’s like a home, not that you are in a home, the manager is brilliant she has got such a nice heart she is always here for everyone even on her days off, she comes and sees me about eight or ten times a day”. We were also told “they make you feel you are in your own home and not in a care home”, “they will do everything in their power to help you, we are all so well cared for here it’s a beautiful home” and “the home is very good the manager is beautiful with a very kind heart” and “the staff here are all so caring everyone goes the extra mile for you”.

Every person we spoke with told us the caring attitude of the registered manager was the main reason why the home was so exceptional. They told us the registered manager lived on the premises and this meant they saw them every single day. Throughout our visit we saw all the staff and the provider’s representative spoke with people and interacted with them in a caring and friendly manner. People also told us they saw the provider’s representative regularly and they worked shifts at the home. Everyone told us they were also “very nice” and “very caring”.

We observed people in the shared areas of the home speaking with staff. We saw that people were comfortable and relaxed with the staff and staff treated people with respect.

The staff demonstrated that they were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different people liked to dress and we saw that people had their wishes respected. One person, who had a pet living with them, told us that it was important that the staff allowed them to care for their pet. The home also had a cat that a number of people told us they really liked living there.

Staff were able to tell us what equality and diversity meant for them when supporting people living at the home. Staff knew this meant to support each individual to achieve their potential without prejudice and discrimination. For example, two people told us how the staff supported them to practice their faiths in the community. Two other people told us how they were able to maintain friendships and relationships. Another person told us how their family were welcomed and encouraged to visit the home.

People told us about their care plans and said they were involved in writing them. People had signed to verify they agreed with what was written in their care plans about how they were to be supported. For example one person told us they liked to attend a number of different community support group and social clubs in the area. They said staff helped them to make sure they got to these events whenever they wanted to go to them.

An independent advocate visited on the day we visited. The role of an independent advocate is to legal safeguard for people who lack the capacity to make specific important decisions, including making decisions about where they live and about serious medical treatment options.

They told us the home had contacted them to support a person for whom a DoLS application was being considered.

# Is the service responsive?

## Our findings

People said they made choices about their lives and about the support they received. They told us the staff always listened to them and respected the choices and decisions they made. One person told us, “I go out whenever I like”. We saw staff supported people to make choices. For example people were asked what time they would like to be assisted to get up, what meals they would like to eat, and whether they wanted to go out somewhere for the day.

People also told us that the staff in the home knew the support they needed and provided this as they required. For example one person told us staff were always there to listen and support them.

The staff we spoke with explained that they were knowledgeable about people in the home and the things that mattered to them in their lives. People’s care records included a section which gave the staff information about their life before they came to live in the home. This information was used to support people to continue to live a meaningful life at the home and in the community. For example how to support people to prepare and cook meals was clearly explained. The different activities people liked to take part in such as shopping, going to cafes and attending social clubs was also set out in their care records.

Two people told us that they enjoyed attending activities in their local community on their own. They said they enjoyed these activities and staff would support them if they felt they needed extra help to get to them. They told us that the staff in the home gave them advice about maintaining their safety but did not stop them from following their choice of activities.

Everyone we spoke with told us they were highly confident about speaking to the registered manager or a member of staff if they had a complaint or concern. One person told us they had raised a concern with the registered manager of the home and said; “they would put it right straight away”.

The registered provider had a formal procedure for ensuring concerns and complaints were properly responded to. We saw that a copy of the complaints procedure was prominently displayed in the home and was given to people and their relatives when they came to the home. Complaints could be made to the registered manager of the service or to the registered provider. This meant people could raise their concerns and there was a system in place to ensure they would be properly responded to.

# Is the service well-led?

## Our findings

People told us that the provider's representative takes a very hands-on approach at the home and they saw them often. Every person we spoke with knew who they were and told us they were "very nice" and "very caring". Every member of staff told us that they were extremely well supported by the registered manager of the home. They told us the registered manager was "always there for you" if they needed to speak to them. One person told us, "they are available even on their days off we see them".

Staff told us that the visions and values for the service were to provide care for people in a way that focused on them as a person and what was important to them. Staff also told us they felt comfortable to speak to the registered manager at any time. They also said they could approach the provider's representative if they ever had concerns they wanted to raise about the service.

The provider's representative and the registered manager worked closely with people living at the home. They both worked regular shifts alongside the staff who supported people. They were both knowledgeable about the needs of people living at the home.

People who lived at the home were actively involved in expressing their views about the way the home was run. For example people gave their views about a recent new staff member who was recruited and their views were used as part of the decision making process for new staff. People who lived at the home told us they had also decided they did not want to have 'house meetings'. Every person we spoke with said they would rather see the registered manager whenever they needed to and speak to them directly.

There were systems to assess the quality of the service provided in the home. The systems helped ensure that the

care and service people received was safe care and of a suitable standard. For example, care plans were regularly checked to ensure they were accurate and up to date. Other areas audited included, staff training and staff support, as well as health and safety in the home. These areas were monitored as part of the provider's process of checking and improving the service people received.

On the day of our visit, the provider's representative was making a planned visit to the home. They showed us their most recent quality audit report. They were at the home on the second day of this audit to feedback to the registered manager what they had found. They told us recent matters they had identified included ensuring all staff had signed to say they had read and understood relevant policies and procedures. This was to help to ensure staff knew how to provide care and assistance by following the most up to date guidance.

People told us that they were asked for their views about the service. One person told us, "they are always asking you how you feel and what you think". We saw records of the meetings. These comments showed that people were asked for their views and the action that had been taken in response to people's comments. For example people planned the menus and they planned how the home was going to be decorated. People had also been kept fully informed about a proposal by the provider to increase the size of the home.

People were asked to complete surveys to give their feedback about the home to the provider. We saw that all of the comments in the completed surveys were very positive. When people suggested areas which they felt could be improved their suggestions had been listened to and acted on. For example planned trips and social events had been held based on what people had said they wanted to do.