

Turret Villa Retirement Home Limited

Turret Villa Retirement Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Turret Villa Retirement Home is a care home which provides personal care and accommodation for up to 35 older people. At the time of the inspection, 27 people were living at the service and 26 people received the regulated activity.

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

Medicines were not always managed safely. Medicines were not always stored appropriately or disposed of safely. Medicines stock balances were not correct and care plans for specialist medicines were not always in place. Medicines audits were not robust.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible. The practices around documenting decisions were not in line with guidance.

The provider's quality assurance and monitoring systems were not always effective. Some staff training was significantly out of date. We could not be assured that lessons had been learnt and shared with staff following incidents or accidents. The quality monitoring systems had not identified the issues we found during the inspection.

Risks to people had been assessed but actions to reduce risks were not always followed. Some risk assessments were generic, others were in place for people who did not need them such as a denture assessment for someone who didn't wear them.

Staff understood how to protect people from poor care and abuse. The service had enough staff to meet people's needs and keep them safe.

The building was well maintained, and health and safety risks were assessed. People enjoyed the food and special dietary needs were catered for.

There was a positive culture in the service. Staff said the management team were supportive. People enjoyed living at the service and felt listened to. People generally felt the care was good.

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

Rating at last inspection

The last rating for this service was good (published 22 August 2020).

Why we inspected

We received concerns in relation to medicines management and the overall management of the service. As a

result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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 inspection reports and timeline' link for Turret Villa Retirement Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to medicines management, staff training, consent to care and quality assurance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective 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 ●

Turret Villa Retirement 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 Health and Social Care Act 2008.

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 was carried out by 1 inspector, 1 medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Turret Villa Retirement Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Turret Villa Retirement Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We contacted the local authority commissioning team for their feedback about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who lived at Turret Villa Retirement Home and 10 relatives about their experience of the care provided. We observed interactions between staff and people in communal areas. We spoke with 4 members of staff including the registered manager, deputy manager, and care staff. We were in touch with 3 members of care staff by email. We reviewed a range of records. This included 3 people's care records and multiple medicines records. We looked at 3 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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 managed safely. Medicines were not always secure, with access restricted. Although the medicines room was clean, medicines were not stored in an organised manner, which meant we found out of date medicines. Controlled drugs were not stored in line with guidance.
- Fridge temperatures were not recorded daily in line with the providers policy.
- Medicines which were no longer required were not recorded or disposed of in a timely manner.
- Medicines administration records which were handwritten were not countersigned for accuracy. Medicines stock balances were consistently incorrect for the records we looked at.
- Care plans and protocols for medicines were in place however they required further information to ensure people were fully supported by staff. In some cases, although plans were in place, these were not being followed.
- The home had a medicines policy, however, there was no process in place to ensure staff medicines competencies were reviewed. The home provided us with one medicines audit, however it was incomplete, so we were not assured there was effective oversight of medicines within the home.

The failure to manage medicines safely is a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the inspection the registered manager has told us they have taken positive steps towards improving medicines management at Turret Villa.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Some aspects of risk were not managed safely.
- People had assessments in place which included actions to reduce risks, but the actions were not taking place. For example, 2 people were identified at risk of malnutrition and should have been weighed weekly to ensure swift action could be taken if they lost more weight, this was not happening. Another person was at risk of pressure sores and should have been turned 2 hourly to reduce the risk of sores, there was no records in place to show this was being done.
- Food and fluid records were in place for 2 people, however these records were not analysed therefore a decline in intake may not be recognised. This meant people were at risk of malnutrition or dehydration.
- The majority of risk assessments in place were generic. One person had a risk assessment in place for dentures but did not have dentures. This meant people were at risk of receiving inappropriate care for their needs.

- We could not be assured that lessons were learnt from incidents. There were no lessons learnt documented on incident reports. Some areas of improvement were identified during staff meetings however, we could not be assured the effects of the improvements were monitored.

The failure to ensure risks were assessed, monitored and mitigated is a breach of regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A robust process for risk and safety management of the building was in place. The management team had acted swiftly to suggested changes following a visit from the local authority.

Staffing and recruitment

- Staff were recruited in line with guidance. However, not all identity evidence was available for during the inspection. We signposted the registered manager to guidance on what documents should be retained.
- There were enough staff on duty to care for people safely. One relative said, "You see quite a few staff about, they always come within 5 minutes if we ask for them." A person said, "When I press my bell they do come, I don't wait too long."

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Safeguarding incidents were investigated and reported to the relevant authorities. The management team had taken action to improve in this area recently. Most staff had recent safeguarding training.

Preventing and controlling infection

- We were assured that the provider was keeping people safe from the risk of infection. At the time of the inspection there was a suspected outbreak of flu. Staff were taking appropriate action to minimise the spread of the outbreak.
- People were able to receive visitors and leave the service line with current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments and best interest decisions were not always in place. This meant principles of the MCA had not been properly followed by staff or the management team to ensure people understood specific decisions and gave their consent to the care and support they received. For example, a number of people were subject to restrictions such as movement sensors or wheelchair restraints. Where people lack capacity to agree to these restrictions no best interest decisions had been documented.

We found no evidence that anyone had been harmed by this however, the provider's failure to ensure the principles of the MCA were followed was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not always have the skills, knowledge and experience to deliver effective care and support.
- Multiple staff members were out of date for training courses including safeguarding, medicines, health and safety, fire safety, end of life and learning disabilities training. This meant staff may not know the current best practice for these areas of care.
- The training policy was significantly out of date and failed to provide clear guidance on training requirements for staff. However, the provider was currently reviewing the policy.

The failure to mitigate risks by ensuring staff receive appropriate training is a breach of regulation 17(1)(2) of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- Support to ensure people maintained a balanced diet was not consistent. People at risk of malnutrition and dehydration were not monitored effectively.
- Most people said they liked the food that was on offer. People requiring modified diets were provided with suitable food to meet their needs. A relative said, "Food and drink is really good, got a choice of menu, if she asks for a cup of tea, she gets it."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider has not ensured that care was delivered in line within the standard of the MCA. Other aspects of care were delivered in line with expectations.
- Most assessments of people's needs were person-centred. One relative said, "[Staff] get the doctor involved in [person's] care plan."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services whenever they needed support. There was a regular visit from a GP to see people who were unwell.
- People had been referred to services such as the speech and language therapist in a timely manner. Staff were observed to be following advice from healthcare professionals.
- One person said, "They organise the podiatrist to come and visit me regularly, it's an excellent service."

Adapting service, design, decoration to meet people's needs

- The service was suitably designed to meet people's needs.
- The registered manager had an action plan of upgrades to the service which were in progress. Recent updates included changes to improve infection control and trip hazards.

Is the service well-led?

Our findings

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

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

- The provider did not have a fully supported management structure. The provider's system did not always effectively monitor the quality of care provided to drive improvements.
- The provider's quality monitoring processes were not robust. They had not identified some of the issues we found during inspection, such as the lack of compliance with the MCA or medicines best practice guidance. The lack of monitoring meant there was a risk of the service deteriorating further.
- The registered manager had made changes to care planning processes following feedback from a local authority visit. However, these changes had not gone far enough to ensure the service complied with regulations.

The failure to assess, monitor and improve the quality and safety of the service is a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We met with the nominated individual following the inspection. They had started making improvements the quality monitoring of the service.
- Staff were clear about their roles and felt they were well supported by the management team.

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

- People and their relatives were engaged. A survey had been carried out with people however, no analysis of the results had been documented.
- Care plans included a section about expressing sexuality however, the information recorded in this section did not relate to people's sexuality. This meant we were not assured that people equality characteristics were fully considered.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had systems to provide person-centred care. Documents did not always reflect the needs of people however, people felt that staff knew them well.
- Comments from relatives included, "[Person] never says a bad word, [person] tells me who is working that day and tells me who [they] have been speaking to," and "[Staff] are caring and friendly."

- There had been no recent incidents that required the duty of candour to be applied. The registered manager was able to explain what action would be taken if such an incident did occur.

Working in partnership with others

- Staff worked effectively with other healthcare professionals. A visiting professional said, "I have no major concerns, we meet regularly, and the service follow my instructions 9/10 times."

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 11 HSCA RA Regulations 2014 Need for consent The provider was not following the principles of the Mental Capacity Act Regulation 11(1)(2)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Regulation 12(1)(2)(g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure staff received suitable training, that risks were assessed, records were up to date and the quality of the service was monitored. Regulation 17(1)(2)(a)(b)(c)(d)(f)