

Torr Home

Torr Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Torr Home provides care and support for older people. The service is registered to accommodate 60 older people and is separated into two services. Torr Home supports 43 people who have nursing or residential care needs and the Glentorr Centre supports 17 people living with dementia. At the time of our inspection there were 51 people living across both services.

There was a registered manager in post. 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.

Prior to our inspection we had received concerns people were not adequately supported with their nutrition and did not always have access to a drink. We had also been told risks associated with people's skin were not being managed effectively and referrals to external health care professionals were not always made promptly. So we looked at these concerns as part of our inspection.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

People told us they felt safe and that there was enough staff to meet their needs. Staff, had been recruited safely, people received their medicines as prescribed, infection control processes were in place to help reduce the spread of infection, and risks associated with people's care were managed appropriately.

People told us staff had the right training to meet their needs, and staff demonstrated through their interactions with people, how they put theory into practice. Nursing staff undertook clinical training and received supervision to help maintain and develop their nursing competency. People told us they liked the meals, and staff understood how to support people correctly with their individual nutritional needs. People had access to a variety of external health and social care professionals to help maintain their health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The design of the service helped to support people's individual needs and promoted their ongoing independence.

People told us staff were kind, staff knew people well, spoke fondly of them and showed through their interactions that they cared. People told us staff respected their privacy and dignity. Staff told us how they helped to support and encourage people to make decisions and to be involved in their own care. People,

who were at the end of their life, were cared for by staff who understood the importance of respecting people's wishes and choice. Nursing staff were responsive to people's changing medical needs to help ensure they were comfortable and not in unnecessary pain.

People were supported in an individualised way. People's social needs were recognised and catered for. People were encouraged to share their views and to complain when they were not happy. People's comments were listened to, and used to effectively to make changes within the service.

People lived in a service which was well-led. The registered manager encouraged a positive culture, and led by example. Governance systems which were in place to help monitor the overall quality of the service were in place. But the registered manager recognised that some of these quality checks needed strengthening, and she told us she would be taking immediate action.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains Good.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Torr Home

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 14 and 15 August 2017 and was unannounced.

The inspection was undertaken by one inspector, a specialist nurse advisor for older people's nursing and dementia care 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).

Prior to the inspection we reviewed the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law. We also contacted Healthwatch Plymouth, the local authority quality and service improvement team and the clinical commission group (CCG), for their views about the service.

During the inspection we met and/or spoke with 13 people who used the service and six relatives. We also spoke with the registered manager, the deputy manager, 18 members of staff, a company board member, and a GP.

We looked around the premises and observed and heard how staff interacted with people. We looked at nine records which related to people's individual care needs. We also clinically pathway tracked seven people. This is a process by which we follow a person's care experience through the service, to ensure their needs and preferences are being met in line with their care plan.

We looked at records which related to the administration of medicines, five recruitment files and training records. We also looked at records associated with the management of the service, these included policy and procedures, quality audits, compliments, complaints, staff meetings and questionnaires.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

Is the service safe?

Our findings

The service continued to provide safe care to people.

People told us they felt safe living at the service, and one relative told us, "Mum's face lights up when she sees the care staff. That tells me that she feels safe and happy here".

People were supported by staff who, had been recruited safely to ensure they were suitable to work with vulnerable adults. One person told us, "My understanding is that they are extremely vetted".

People told us their call bells were responded to promptly when they needed assistance. Staffing levels were assessed and reviewed on a day by day basis to help ensure people's changing care needs were met, by suitable numbers of staff. One member of staff had told us how staffing levels had increased in the morning, telling us "This allows us to approach the care of people in the morning in a more relaxed way". There was a relaxed and calm atmosphere within the service and staff responded promptly to people, and supported them at their own pace.

People told us they received their medicines as prescribed. One person told us they had been diagnosed with pneumonia and that their antibiotics had arrived promptly at the service. People were encouraged to manage their medicines, but with the flexibility of changing their minds. For example, one person told us "I used to do my own medicines but they put me on a new medicine so I have handed it over to the staff".

Staff administering people's medicines had received training and spoke confidently about the medicines management process within the service. However, they had not completed competency assessments. Competence assessments offer the opportunity to ensure that best practice is being observed. The registered manager had a medicines management quality monitoring audit to help identify when improvements were required, however the audit had not highlighted that competency assessments were not being carried out. The registered manager told us she would take immediate action to ensure competency assessments were carried out, and that the robustness of the audit was reviewed.

People's risks associated with people's care were managed appropriately and staff had guidance and direction to help ensure people's needs were met in a safe way. People's care plans included risk assessments in relation to falls, mobility, nutrition and hydration, skin integrity and risk of pressure sore development.

People lived in a clean and odour free environment. Staff, wore personal protective equipment, such as gloves and aprons when carrying out personal or nursing care tasks. Staff involved in the preparation and serving of meals, followed safe hygiene practices.

People lived in a safe environment, whereby equipment was serviced in line with manufactures guidelines and fire procedures were followed. People and their families had been informed of the fire evacuation procedure.

Is the service effective?

Our findings

The service continued to provide people with effective care and support.

Prior to our inspection we had received concerns that people were not adequately supported with their nutrition and did not always have access to a drink. So we looked at these concerns as part of our inspection.

People had access to drinks, but people living in the Glentorr Centre did not have free access to drinks, but were prompted and supported by staff. The registered manager told us this was because she felt by leaving jugs of juice or water in reach of people, could create a risk of spillage, and subsequently people may fall. At the end of our inspection, the registered manager recognised that a change of practice may be of benefit to people.

People who were at risk nutritionally were supported by staff who knew how to meet their needs. Staff, assisted people with their meals and drinks, and recorded important information in their care records so nursing staff could take prompt action when necessary. For example, one person had been losing weight. Records had shown that prompt and responsive action had been taken, and as a result of this intervention, the person had started to put weight on.

People told us they liked the meals and were grateful of the flexible approach by catering staff commenting, "The meals are lovely", "You can have anything for breakfast, what you want you can have". One person told us they sometimes woke up in the middle of the night and fancied a cup of tea and they explained how staff responded kindly and promptly to their request.

People told us staff had the right training to meet their needs. Staff, were competent in their roles and had a good knowledge of the people they supported which meant they could effectively meet their needs. New staff undertook an induction which helped introduce them to the ethos of the service and to how to support people correctly and safely. The induction was in line with the Care Certificate. The Care Certificate is a nationally recognised induction for health and social care staff.

Staff told us they received good training and they could ask for additional training, which the registered manager was supportive of. The registered manager told us there was no process in place for one to one supervision, but she was taking action to implement this. However, staff told us they felt supported by the 'open door' approach of the registered manager, deputy manager and senior staff.

Registered nurses were supported with a process called revalidation. Revalidation is a process that all trained nurses need to complete to demonstrate to the registered professional body the Nursing and Midwifery Council (NMC) that they are competent.

People had access to a variety of external health and social care professionals to help maintain their health and wellbeing.

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Best interest meetings had taken place when required and the details and outcome of these meetings had been recorded in people's care plan. People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks.

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 so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People lived in a service, where the environment had been designed to help support people's individual needs and promoted their ongoing independence. For example, people living with dementia were supported by an environment which helped to reassure them about where they were, by use of pictorial signage. People and their loved ones were complimentary of the care and upkeep of the building, the external grounds and of the vast views. One relative commented "The splendourous surroundings are beautiful and the conservatory gives Dad a great view to share with me and entertaining visiting relatives".

Is the service caring?

Our findings

The home continued to provide a caring service to people.

People told us staff were kind, commenting "They really care about us here", "Very kind and helpful" and "People here make my life worth living".

Relatives were also complimentary of the compassion staff showed towards their loved one, with one relative telling us "They care, they give him respect, they love him and their ability to give Dad a real quality of life is to be truly admired".

Staff knew people well, spoke fondly of them and showed through their interactions that they cared. Staff gave people time to express themselves, even if they could not find their words. People's care records record what a person had achieved prior to moving to the service to help encourage meaningful conversations between people, and staff. One member of staff told us, "We get close therapeutic relationships with residents and families. We make a difference. I think that the care is very, very good here. I feel we go above and beyond with the family as well as the resident".

People told us staff respected their privacy and dignity, for example by closing their door and shutting their curtains when assisting them with personal care. Staff, knocked on people's doors prior to entering. One member of staff told us, "People are treated the way I would like to be treated, with respect and dignity. I always say to new staff think how you would like your nan or granddad treated".

People told us they could get up and go to bed when they wanted to, but following our inspection, we were told anonymously that some people were being assisted out of people very early. We asked the registered manager to investigate the concerns which had been raised, and were satisfied with the response which demonstrated this was not occurring.

Staff told us how they helped to support and encourage people to make decisions and to be involved in their own care. For example, asking and supporting them to make their own choices about what they would like to wear, eat or do.

People, who were at the end of their life, had care plans in place to help provide staff with information about how they wanted their care and wishes to be met. Nursing staff were responsive to people's changing medical needs to help ensure they were comfortable and not in unnecessary pain. Nursing staff engaged the help of external professionals when required, making sure pain medicines were in place. Some staff had attended a specialised course called 'six steps training' arranged by a local hospice. This course took place over a period of six months and provided accreditation in end of life care. This demonstrated the provider was passionate about end of life care, and wanted to ensure people received the very best care, which was in line with best practice. A GP was complimentary of the end of life care provided at the service.

Is the service responsive?

Our findings

The service continued to be responsive.

Prior to our inspection concerns had been raised that referrals to external health care professionals were not always made promptly, so we looked at this concern as part of our inspection.

People received referrals to external professionals promptly, when required. For example, one person had recently been visited by the tissue viability nurse to help in the clinical management of a pressure sore. However, when a referral had been made, the information about this was not always easily accessible in people's care records. This meant when a referral was made, it may get lost, therefore may not always get followed up as necessary. The registered manager told us she would take action to address this.

People were supported in an individualised way and had detailed care plans in place which helped provide guidance and direction to staff about how to meet their needs, in line with their wishes and preferences. People's care plans were reviewed to help ensure they were reflective of their needs.

Staff supported people in an individualised way to help meet their individual needs. For example, staff had realised one person became very anxious when being moved by moving and handling equipment, so the person had been prescribed as required medicine to help calm them. We saw this medicine had been given prior to the arrival of an external professional who was going to use the equipment. This ensured the person had been calm and not in a distressed and anxious state.

People's social needs were recognised and catered for. Social engagements were arranged for people to attend on a daily basis and people were encouraged to participate. But when a person did not want to attend their wishes, were also respected. Social events, such as BBQ's and summer fares were held within the service, as well as organised trips to pubs and to visit areas of interests.

People were encouraged to share their views and to complain when they were not happy. People's comments were listened to, and used to effectively to make changes within the service. For example, one person had complained that there was no longer a certain type of ice cream on the menu. This had been listened to and action had been taken to put the ice cream back on the menu. One relative told us, "There are regular residents' meetings and although in five years I've never had need to complain, I am confident that if I did, action would follow".

Is the service well-led?

Our findings

The service continued to be well-led.

People were involved in developing the service to help ensure it met with their wishes and desires. There were quarterly residents meetings. The chair of the committee was a person living at the service, they wrote and typed up the minutes and shared them with the registered manager. They told me the meetings were useful, "To resolve any little glitches that people might have". They explained, as a result of the meetings that some maintenance work had been carried out and the menu had been altered.

People, relatives and staff told us the service was managed well. One person described the service as "Excellent, one of the best ones in Plymouth". A relative told us, "Torr Home, under the outstanding leadership of (the registered manager) have brought my Dad back to life".

People lived in a service which was effectively managed in the absence of the registered manager. People, staff and relatives knew the management structure which was in place, and staff told us there was an on call system should they need urgent advice.

The registered manager led by example, and spoke passionately about ensuring people received a high quality service. Systems and process were in place to help enable the registered manager to monitor the quality of the service. The registered manager told us she would be reviewing some of these audits to help better identify where improvements were required, as well as developing the audits to drive excellence. In addition to these quality checks, the registered manager had to attend a monthly board meeting. At these meetings, she was asked to confirm and demonstrate the compliance of the service.

A member of the board visited the service on a monthly basis, to speak with people, staff and relatives to obtain their views. Following each visit a report was devised and shared with the registered manager, so she could take action to make improvements, if necessary.

People were supported by the provider's policy and procedures, staff told us if they observed poor practice they would feel confident about 'whistleblowing', and felt action would be taken.

Staff spoke positively about the registered manager and of her support, however some staff felt the registered manager did not always show consistent support, and valued some employees more than others. We spoke with the registered manager about this, who told us she did not feel that she did this, but would use the feedback positively and commence open conversations with the staff team.

The registered manager told us she felt well supported by her line manager, who was also one of the company board members. She told us she met with him on a daily and monthly basis. The registered manager attended care conferences and training to keep up to date with best practice.