Torr Home

# Torr Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service well-led? | **Inadequate** |

# Summary of findings

## Overall summary

About the service
Torr Home provides nursing care and support for older people. The service is registered to accommodate 60 older people and is separated into two buildings.

Torr Home supports up to 43 people who have dementia, nursing or residential care needs and the Glentor Centre supports up to 17 people living with dementia. Both Torr Home and the Glentor Centre are run as two separate units and have separate staff teams. At the time of our inspection there were 28 people living at Torr Home and 17 people living at the Glentor Centre.

Torr Home is a not-for-profit charity made up of a Board of Trustees and a chief executive officer (CEO).

People's experience of using this service and what we found
People told us there were not enough staff to meet their needs, which meant they had to wait long periods of time to be supported. This was impacting on their health and wellbeing. Staff also confirmed they felt emotionally pressurised by the lack of staff and told us they felt sad to not be able to provide people with safe, person-centred care.

People living with dementia were not always supported by staff who had the knowledge to meet their needs and essential training relating to the clinical management of people's needs had not been completed by nursing staff.

People's care records were not always reflective of the care and support they were receiving.

People and staff were not confident in the management and leadership of the service. There were ineffective systems in place to access, monitor and improve the quality and safety of the service.

Peoples feedback was not sought and acted on for the purposes of continually evaluating and improving the service.

During the pandemic an adapted system was not put in place for the Board of Trustees to obtain continued feedback from people and staff. Phone calls had commenced in April 2021, at the suggestion of the Commission.

Following the inspection, the CEO contacted the Commission to explain that they had reflected on the inspection findings and had spoken with the Board of Trustees. They spoke with transparency and told us they recognised immediate changes were needed to help facilitate improvement at Torr Home.

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

Rating at last inspection (and update) The last rating for the service was Good published on (23/09/2020). At this inspection we found improvements had not been made.

Why we inspected
We received concerns in relation to people's nursing care needs, management of medicines, nursing competence, staffing levels and management and leadership. The concerns related to Torr Home and not the Glentor Centre.

As a result, we undertook a focused inspection of Torr Home to review the key questions of Safe and Well-led only. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.
We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.
We have found evidence that the provider needs to make improvement.
The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Torr Home on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to safe care and treatment, staffing and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

**Is the service safe?**

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

**Is the service well-led?**

Inadequate

The service was not well-led.

Details are in our well-Led findings below.

# Torr Home

**Detailed findings**

## Background to this inspection

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

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

Inspection team
The inspection was carried out by two adult social care inspectors, a specialist advisor for nursing (SPA) and a medicines inspector.

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We contacted the local authority quality improvement and adult safeguarding teams.

During the inspection
We met and spoke with eight people who lived at the service. We also spoke with seven care staff, two nurses, the housekeeper, the receptionist, the administrator, the maintenance manager, both registered managers and the Chief Executive Officer (CEO).

We looked at records relating to people's care. This included 13 care plans, 19 medicine administration records (MARs) and a section of accident and incident records. We also looked at records relating to the day to day management of the service, such as call bell records, staffing rotas, quality assurance audits and records relating to the safety of the building.

After the inspection
We continued to seek clarification from the provider to validate evidence found and we spoke with the local authority quality improvement and adult safeguarding teams.

Requires Improvement

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

CQC had received concerns about staffing levels, nursing competence, and the management of people's clinical health risks, including hydration. We looked at this as part of our inspection and found improvements were required.

Staffing and recruitment

● People told us there were not enough staff. Comments included "They are always short staffed", "They [the staff] tell you night and day, we are short staffed."

● One person described how the impact of lack of staff meant they were not assisted to the toilet when needed. Commenting, "It can be a while before someone comes. Sometimes it's an awfully long time I have to wait. I have to wait sometimes 40-50 minutes; I can't hold it. You don't want to mess your bed or anything, you just can't hold it for that length of time…they then leave you on the bed pan for a long time".

● One person who was reliant on assistance from staff with their meals, told us how they had to wait a long time because sometimes staff were not available to help them. They also told us sometimes they received their medicines late.

● Staff told us there were not enough staff to meet people's needs. Comments included, "Staff get really stressed and emotional that there aren't enough staff", and "Some people refuse agency staff, because they don't know them".

● Staffing levels were determined by budget/room rate and based on nursing competence, and not on people's individual needs.

● During our inspection call bells were heard to ringing for extended periods of time. We asked the registered manager to investigate one call bell that had not been answered for over 15 minutes.

● Call bell logs from March to May 2021 showed some people had waited up to 50 minutes or over an hour for support.

● There were several staffing vacancies across the service, which new staff were being appointed to. However, until new employees were in post there had needed to be a reliance on the use of agency staff. The local authority provided feedback to us from a person living at the service. It stated: "When I saw [person's name] yesterday they advised there were no senior carers on over the weekend, only one girl who has 'not been there long' and all agency staff, the staff member who had not been there long was running the floor. This patient did not have a good weekend for numerous reasons, and this was one of the reasons they gave".

● People's care records contained limited information about whether their personal care needs were being met. One person's records detailed they had not been offered a bath or shower since March. One member of staff told us, "Staffing is a concern".

● The providers training records detailed that nursing staff had not completed essential training and/or courses relating to people's individual needs. The provider had recently adapted the service to have twenty new specialist beds to support people living with dementia. The providers training records detailed that only eight out of 67 staff had completed dementia training.

There were insufficient numbers of staff to meet people's needs and staff did not always receive appropriate training in order to meet people's individual needs. We did not find evidence that people had come to harm. The is a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff were recruited safely. Disclosure and Barring Service (DBS) checks were carried out to ensure those employed were suitable to work in the sector.
● A record of nursing staffs professional identification numbers (PIN) was kept to ensure they were currently registered with the Nursing and Midwifery Council (NMC). The NMC is the regulator for nursing and midwifery professions in the UK.
● The provider was passionate about ensuring staff were financially rewarded for their experience, competence and ongoing development by paying more than the National Living Wage. The CEO told us "We pay people to get qualifications, we want the best".

Assessing risk, safety monitoring and management
● People did not always live in an environment which had been assessed for safety. We found cleaning products unlocked, in an area of the service which supported people with dementia. This meant people could have been at risk of consuming them. A fire door was found to be propped open with a fire extinguisher and door wedges were in use. Immediate action was taken at the time of the inspection to rectify this.
●Permanent staff knew how to meet people's needs safely, however risks associated with their care were not always reflected within their care records. This meant agency staff may not always know how to support a person safely and/or people's needs may not be met in a consistent way.
●Overall people had care plans in place regarding their health and care needs. However, people did not always have individualised care plans in place relating to specific needs. For example, catheter care and oral suction. One person required specialist bowel support, however there was no care plan in place which detailed how they should be supported.
●People who were at risk of not eating and drinking did not have their intake effectively monitored. For example, care record entries lacked detail. The system in place to ensure the amounts consumed were totalled in line with their individual needs was not effective, and staff were not completing records consistently. However, people were observed to be well hydrated and had drinks in reach.
● People at risk of skin breakdown were supported to re-position. However, records in place to document actions taken were inconsistently completed, so we could not be assured people were receiving the support they needed. People's specialist mattresses were not always set according to people's weight; this meant they could be at risk of skin damage. However, we did not find evidence that people had come to harm.
● Bed rails were in place for some people. However, the risks associated with these had not been assessed.

Risks relating to people's care were not always recorded. We did not find evidence that people had come to harm. This is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Accidents and incidents were recorded; body maps were in place.
● People had personal emergency evacuation plans in place (PEEPs), so in the event of fire they could be

supported by emergency services in line with their needs.
● People's call bells were in reach. However, people were placed at risk due to the length of time it took for staff to attend.

Using medicines safely
●At the last inspection (September 2020) we identified that improvements were needed to medicine systems to make sure people were kept safe and received their medicines as prescribed. At the last inspection, we recommended the service implement a system for ensuring medicines audits were comprehensive and that processes were in line with best practice guidelines. At this inspection we saw that medicines audits were still ineffective at identifying areas of risk, and processes were not always following best practice.
●At the last inspection we identified staff were not always recording when people had creams and external preparations applied. Records of creams and other external preparations were not kept. It was not possible to tell if creams were applied as prescribed. Many records of creams that should be applied daily had not been completed for several months. This included records for people where the care plan identified they were at high risk of skin lesions if creams were not applied regularly and pain-relieving creams and gels. Nurses in the unit had tried to improve the system to record cream application, but this had not been successful.
●Nurses made clinical decisions about whether to offer or administer medicines prescribed to be given when required. Some people were able to ask for these medicines when they needed them, but others were not able to do this. Regular nurses knew people well and could identify when a medicine might be needed. However, care plans and medicines guidance did not contain enough information for agency nurses to know when a medicine might be needed.
●Recording of people's allergies to medicines was inconsistent. Some people had different allergies recorded in their care plan to those recorded on their medicine's administration record (MAR). This increased the risk that someone could be given a medicine that they were allergic to.

Medicines were not always safely managed. This is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●People received their oral medicines as prescribed. Nurses and senior care staff followed medicines policies to order and store medicines safely.
●Medicines were usually given by nurses, however care staff were trained and assessed as competent to support people to take their medicines if needed.
● People's medicines were regularly reviewed to meet their changing healthcare needs. Of the people whose records we reviewed, no-one was being restrained by medicines or having their behaviour controlled.

Learning lessons when things go wrong
● There were ineffective monitoring systems in place across the service which meant we could not be fully assured areas for improvement would be promptly identified in order for learning to take place.
● Safeguarding concerns were robustly logged so themes and trends could be identified and so action could be taken as a result of investigations or reviews.
● A new agency staff induction check list had been created and recently amended in response to staff feedback. As a result, agency staff now felt more confident and better supported.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at the service, one person told us "I'm quite happy here".

● People approached staff and management with ease, which indicated they felt relaxed in their presence.
● Staff had received training in safeguarding and spoke confidently about what action to take if they were concerned someone was being abused mistreated or neglected.
● Safeguarding allegations which had been raised/and or had been investigated by the local authority were recorded.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Inadequate

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

CQC had received concerns about the management and leadership of the service. We looked at this as part of our inspection and found improvements were required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

●At our last inspection the Commission recommended the provider and registered manager monitored the staffing culture and obtained regular feedback from people, relatives and professionals and acted on it where required in a timely manner. However, we found this had not occurred.

● The providers statement of purpose described the service philosophy as "People first". Explaining, "Every person is an individual….and every member of staff will deliver that care centred upon this common value base". However, we did not find this philosophy in practice and/or embedded within the service.

●The culture of the service did not promote good outcomes for people. We could not be assured people were receiving personal care in line with their needs, wishes and preferences, and people's feedback was not always used to improve the service.

● We observed a culture that was not always person-centred. For example, the use of non-spill plastic beakers had not been individually assessed and their use was inherent within the service; staff were observed to be working in a task orientated way.

● People were not fully confident in the leadership of the service because action had not been taken to address staffing levels and call bell response times, both of which were negatively impacting on people's overall safety and wellbeing.

● One member of staff told us how they had cried on their shift because they could not provide people with person-centred care. One staff commented, "Sometimes we get a bit tired and stressed".

● Some staff felt that were not listened to, empowered or motivated and told us the leadership of the service did not inspire confidence. Comments related to one of the registered managers not always taking responsive action when concerns were raised, and how they had felt one registered manager had lost passion for their role.

●The registered managers explained they were managing several complex human resource issues, which they felt had negatively impacted on the culture of the service.

Peoples feedback was not sought and acted on for the purposes of continually evaluating and improving the service. The is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Equality characteristics were considered and assessed in care plans.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Since our last inspection there were now two registered managers who job shared, working part time hours. We were told they managed their time across both Torr Home and the Glentor Centre. However, staff confirmed this was not always seen in practice explaining that in the absence of the Torr Home registered manager the other registered manager predominately based themselves at the Glentor Centre and was not always visible. One comment included, "[registered manager] doesn't come up when [registered manager] isn't around…. nobody really knows what's going on".

● Staff told us the management approach was inconsistent; with some staff telling us they had lost confidence in the leadership of the service. Roles and responsibilities were not clear, meaning staff did not fully understand the expectations of the management team. One staff comment included, "The communication is not clear and concise, both managers have different ways of doing things, so you can be right or wrong depending on what day it is".

● Both registered managers felt the job share was going well but explained due to the pandemic they had not had time to create and embed the new structure within the service because they had been predominately "firefighting". The local authority told us, they did not have confidence in the new management design and did not feel it was working well.

● Staff commented about the lack of "monitoring and checking" in ensuring they were doing what they should be doing, and that people were happy.

● Governance systems were ineffective. Whilst, there were some audits for medicines, infection control, the environment and care planning they had failed to identify the areas requiring improvement detailed within the Safe and Well-led key questions.

● The registered manager told us they mainly used observation and feedback as tools to monitor the ongoing safety and quality of the service. Explaining they had not had time to complete audits over the last year. During the inspection, they completed a care planning and medicines audit however this had failed to identify areas requiring improvement as detailed within the Safe key question.

● There was no call bell audit to monitor call bell times. We were told by the registered manager that there was "reams of information" which would take a long to go through and that call bell times were only looked at when a concern was raised.

● Torr Home is a not-for-profit charity made up of a Board of Trustees and a chief executive officer (CEO). The CEO supported both registered managers and had financial responsibility for the service. Monthly onsite visits were carried out by Trustees and a monthly report was shared by the CEO. However, we were told there was limited clinical and/or regulatory understanding of the day to day management of the service.

●During the pandemic technology had not been considered by the Board of Trustees or CEO in replacing onsite monitoring visits to obtain independent feedback from people and staff. Phone calls had commenced in April 2021, at the suggestion of the Commission.

●There were no overreaching or robust systems and processes in place to assess, monitor and improve the quality of the service by the Board of Trustees and/or CEO. The CEO explained how he was regularly onsite and carried out "walk rounds" with the kitchen and housekeeping manager to provide environmental feedback. But told us they did not assess the safety and quality of clinical practice commenting "I have to put my trust in them…I don't interfere as I don't understand anything medical".

●The impact and exhaustion of the pandemic was observed in the leadership and management of the service. We shared our concerns with the CEO.

There were ineffective governance systems in place to assess, monitor and improve the quality and safety of service. Peoples feedback was not sought and acted on for the purposes of continually evaluating and

improving the service. The is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the inspection, the CEO contacted the Commission to explain that they had reflected on the inspection findings and had spoken with the Board of Trustees. They spoke with transparency and told us they recognised immediate changes were needed to help facilitate improvement at Torr Home.

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

● Statutory notifications are required to be sent to the Commission 'without delay' when there are any specific incidents, such as allegations of abuse. Records showed these had previously been submitted in line with legal requirements, however the registered manager had not recently sent in three notifications which related to three current safeguarding investigations. They explained the reason for this was because they had not been told the detail of the allegations by the local authority. They apologised and told us they would submit them retrospectively.

● The registered manager understood the duty of candour and was open and transparent throughout the inspection.

Continuous learning and improving care

●The providers statement of purpose stated, "Torr Home's evolutionary approach to caring, means always keeping abreast of changes as well as embracing and adopting any new standards introduced in the Care Sector". However, we found the Devon Clinical Commission Group (CCG) "Caring for Care Homes" recommended medicines audit for the local social care sector had not been implemented.

● At the last inspection we discussed how the service could network with other care services, attend forums regularly, and ensure an open culture that welcomed learning from sharing of best practice and external scrutiny. However, the registered manager told us they had been too busy to attend local authority online care forums over the last year; the nurses also confirmed they did not attend such events.

● The local authority told us the older person's mental health team had offered help in advising about the providers new dementia area but were told they were not required.

● The provider had not acted on previous recommendations made by the Commission at their last inspection (September 2020).

Working in partnership with others

● The local authority told us registered managers were not always accepting of advice and guidance. They explained that it was sometimes difficult to speak with a registered manager because of the job share design. They also told us the telephone system was difficult to navigate meaning that their phone calls were not always answered, or they were asked to ring a different number.

● The registered managers and CEO told us they did want to work in partnership with others but became frustrated at times with the health and care 'system' and the lack of communication surrounding safeguarding investigations. We told the provider we would share their feedback with the local authority in order to help facilitate any required changes.

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<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Safe care and treatment<br><br>Regulation 12 (1) (a) (b) (d) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>Risks relating to people's care were not always recorded. We did not find evidence that people had come to harm. Medicines were not always safely managed. This is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Good governance<br><br>Regulation 17 (1) (a) (b) (c) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>There were ineffective governance systems in place to assess, monitor and improve the quality and safety of service. Peoples feedback was not sought and acted on for the purposes of continually evaluating and improving the service. |

**The enforcement action we took:**

We imposed a condition on the providers regulation relating to good governance.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Staffing<br><br>Regulation 18 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>There were not sufficient numbers of staff to meet people's needs and staff did not always receive appropriate training in order to meet people's individual needs. |

**The enforcement action we took:**

We issued a warning notice, in line with our enforcement policy.