

Turret Villa Retirement Home Limited

# Turret Villa Retirement Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Turret Villa Retirement Home is a care home providing personal care to 35 older people. At the time of this inspection there were 29 people living there.

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

People and relatives spoke positively about the home and staff. Comments included, "I feel very comfortable here because of people being around. There is always somebody I can ask or stop if I need something. It's not easy being old and staff are keeping us safe and active" and "This place came as blessing; we don't have any worry since she is there."

Medicines were managed safely. Risks to people's health and safety were assessed and minimised. Many areas of the home had been redecorated and refurbished since our last inspection. Checks and tests were carried out on the premises and equipment to make sure they were safe. Systems were in place to help prevent the catching and spreading of infections. There had been no known cases of Covid-19 at the home. Whilst there were enough staff on duty to meet people's needs, some staff told us that more staff would be appreciated. Following our inspection, the registered manager reviewed staff duties and the times of shifts to ensure additional staff were available at busy times of the day.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

People received care and support which met their needs. Care plans were now more detailed and guided staff on how to provide person-centred care. A health professional told us, "They are super at looking after people."

People and relatives told us the home was well managed. One relative told us, "We had a good manager before and now the new manager is also good but in different way. I think her expertise in dementia is a wonderful asset for this place." Audits and checks were carried out to monitor the quality and safety of the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 26 June 2019). We identified two breaches of the regulations relating to safe care and treatment and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been taken and the provider was no longer in breach of regulation.

### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of safe, responsive and well led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. 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 Turret Villa Retirement Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one 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 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 a manager 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

We gave the registered manager 24 hours' notice of the inspection. This supported the registered manager and us to manage any potential risks associated with COVID-19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our

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.

The expert by experience spoke with four people and six relatives by telephone. During the visit we spoke with the registered manager, deputy manager, a member of domestic staff and the activities coordinator. We also spoke with two visiting health professionals. We spoke with three staff following our inspection by telephone.

We reviewed a range of records. This included one person's care plan, medicines administration records, building and equipment servicing records and documentation relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection an effective system to assess risks and ensure action was taken in a timely manner was not fully in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient action had been taken at this inspection and the provider was no longer in breach of regulation 12.

- The service had systems in place to protect people from avoidable harm. Risk assessments had improved. These now set out the individual risks to each person and the strategies used to minimise these.
- Checks and tests on the premises and equipment had been carried out to make sure they were safe. There was no lift so the first floor was accessed by stairs. The registered manager told us that risks relating to the stairs had been fully assessed and reviewed.

### Using medicines safely

- Medicines were managed safely. We identified several minor recording issues which the registered manager told us would be immediately addressed.

### Systems and processes to safeguard people from the risk of abuse

- There were safeguarding systems in place to protect people from the risk of abuse. There were no ongoing safeguarding concerns. People told us they felt safe and staff told us they had no concerns about staff practices at the home.

### Staffing and recruitment

- There were enough staff employed to meet people's needs. We observed that staff carried out their duties in a calm unhurried manner. One person told us, "They come quickly when I call, but they also pop in to check even without calling."
- Care staff supported the cook to wash and dry dishes. Staff explained that this duty, sometimes took them away from spending time with people. Night staff told us that certain periods of their shift were busy, especially in the morning. Following our inspection, the registered manager told us that they were in the process of recruiting two kitchen assistants and shift times were changing to ensure that more staff were on duty at key times throughout the day, including early morning.

### Preventing and controlling infection

- Systems were in place to help prevent the catching and spreading of infections. Staff used personal protective equipment (PPE) such as masks, gloves and aprons, effectively and safely. There had been no known cases of Covid-19 at the home. Staff had received training in infection prevention and control. They

had also recently received additional training in personal protective equipment from the local NHS Infection prevention and control practitioner. One relative told us, "We as family are very happy how whole team handled keeping our people in this home safe from the virus. They had full PPE well before the lockdown and there have been no cases recorded. They really did everything possible to keep them safe from infection, each one of them was tested and they were all negative. In my opinion, this is a good, safe home."

Learning lessons when things go wrong

- Accidents and incidents were analysed. An improved accident analysis system had been introduced. This was used to ascertain if there were any trends or themes, so that action could be taken to reduce the risk of any reoccurrence.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection care plans were not always detailed and an effective system to review people's care was not fully in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient action had been taken at this inspection and the provider was no longer in breach of Regulation 17.

- People received care and support which met their needs. Relatives told us that staff were responsive to people's needs. One relative said, "Staff are very good at noticing when she is not feeling well and they always let us know. I think they have learned to recognise the signs if she is in pain or discomfort."
- Care plans were now more detailed and guided staff on how to provide person-centred care. We discussed with the registered manager about refining the care plan review documentation to ensure each area of the care plan was reviewed. The registered manager told us that this would be addressed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. The registered manager told us that information would be available in different formats if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were met.
- An activities coordinator was employed. Due to the current Covid-19 pandemic, people had not been able to go out into the local community; activities had therefore taken place in the home. People had enjoyed singing, arts and crafts and exercise sessions. They also appreciated sitting outside in the garden.
- People had been supported to keep in touch with their family and friends throughout the pandemic. Staff supported people to phone and video call their relatives and friends. One person told us they were waiting for a Wi-Fi booster to be fitted. The deputy manager told us that this would be fitted as soon as it was safe to allow an IT technician into the home to carry out this work.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No formal complaints had been received. We spoke with the

registered manager about recording minor concerns centrally, so these could be monitored to ascertain if there were any trends or themes. Following our inspection, the deputy manager wrote to us and stated, "A new 'happy outcomes book' is now in place where all staff can record informal niggles and what their response was, hopefully creating a happy outcome for the resident."

#### End of life care and support

- People were supported at the end of their life to be as comfortable as possible. Staff followed a multi-disciplinary approach with health and social care professionals to ensure consistent and responsive care was provided at this important time in people's lives. We spoke with a visiting health professional who spoke very positively about how the home had facilitated one person's end of life wishes. They also stated, "Staff really care for people, it breaks their heart when someone dies."

# 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 improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we identified shortfalls with the management and monitoring of risks relating to the premises and equipment. In addition, care records did not always reflect people's needs. These issues had not been highlighted by the provider's quality assurance system. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient action had been taken at this inspection and the provider was no longer in breach of regulation 17.

- There was a registered manager in post. She had become registered with CQC following our previous inspection. The registered manager was undertaking a 'manager's excellence programme' which was run by the local authority. This programme aimed to help managers achieve their full potential.
- People, relatives and staff spoke positively about the registered manager. Comments included, "The new manager is really lovely, creative, optimistic and has a warm personality. She would do anything for the benefit of the residents. She has a good relationship with all residents and they love her" and "The new manager really has a caring soul." She was supported by a deputy manager. Staff told us they were a good management team.
- Audits and checks were carried out to monitor the quality and safety of the home. Action was taken where improvements were identified. We discussed with the registered manager about the introduction of a more detailed care plan audit. The registered manager told us that this would be addressed.
- The registered manager told us she felt supported by the provider. It was not clear however, what checks were carried out on behalf of the provider. Following our inspection, the registered manager told us that all provider checks, monitoring visits and meetings would now be recorded.

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; Continuous learning and improving care

- There was a positive, person centred culture at the home. People and relatives said the care was personalised and individual choices were respected.
- The registered manager was aware of the duty of candour and their legal responsibility to be open and honest.
- The registered manager told us they were committed to continuous improvement for the people who lived at the home. Many areas of the home had been redecorated and refurbished. Care documentation had

improved and records now provided guidance for staff on how to provide person centred care.

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

- People and relatives were involved in the running of the home. The previous registered manager now worked at the home once a week. They spent time talking and listening with people to find out their views and acted as a link between people and management.

Working in partnership with others

- The service worked with health and social care professionals to help people achieve positive outcomes.