Turner Home

Turner 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?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection of Turner Home took place on 11, 13 September and 1 October 2018; the first day of the inspection was unannounced.

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

Turner Home is registered to provide nursing care and accommodation for up to 59 people; in an original Victorian building and in a more recently added annexe. At the time of our inspection 45 people were living at the home.

The home had a registered manager. 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. At this inspection the registered manager has been absent from the service and had been since August 2017.

During our inspection in January 2018 the trustees of the service appointed a general manager who took on the role as the nominated individual. The nominated individual is responsible for supervising the management of the regulated activity provided. Since that inspection the acting manager was in the process of applying to become registered with the CQC.

At our inspection in August 2016 the service was rated overall 'requires improvement'. There were breaches of regulation 9 (person-centred care) and regulation 18 (staffing). This was because people were not receiving person centred care that reflected their preferences as to what time they wanted to be supported to get up out of bed; and there were not sufficient numbers of staff on duty at night to make sure that they could meet peoples care needs.

At our inspection in January 2018 the quality of the service had deteriorated. We found breaches of regulation 9, 10, 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found there had been breaches of regulation 14 and 18 of Care Quality Commission (Registration) regulations 2009, as there had been a failure to notify the Commission of notifiable events. We issued the provider with a warning notice because there had been a continued breach of Regulation 9.

At this inspection there was a continued breach of Regulation 12 and a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the service had not ensured that medication was always stored safely and appropriately and the service had not consistently applied robust recruitment checks on the suitability of all applicants.

However, at this inspection we saw that in many other areas there had been significant improvements in the quality of the care and support provided to people.

Improvements had been made in the way that care planning ensured that the service met people's needs and reflected their preferences. More information had been obtained about people's preferences and other person-centred details; this information had been used to increase engagement with people in a way that was meaningful to them. This included information on choices and decisions people made, including the details of who a person would like to be involved in any future best interest decisions. The showed service was provided in line with the principles of the Mental Capacity Act (2005).

The home's activity room had been refurbished and now looked interesting and inviting. Also, a previously underused room had been turned into a cinema room. The service had employed three activity co-ordinators; the times they worked were staggered so that people were able to also do things into the evening time.

There was an increase in the amount and quality of activities people got involved with both inside and outside of the home. These were both group social activities and one to one activities with people at the home having more engagement with the local community. We saw examples of and people told us how they had benefitted from this.

At our previous inspection we did observe staff being kind and personable in their interactions with people. However, we also observed times when staff did not treat people with respect. At this inspection it was clear that there had been a renewed focus on the experience of people who lived at the home. The home had a very different culture and atmosphere, it was much more positive and although the building looked somewhat like an institution the care provided was much less institutionalised and more focused on people as individuals.

We saw many positive, happy interactions between people living at the home and staff.

People told us they felt safe living at the home and when they needed help with something it was available for them. People told us they received their medication when they needed it. We saw that there were sufficient nursing and care staff on duty to meet people's needs in a timely manner. One person told us, "You know you can always get someone when you need them." We also saw that people received effective support with any healthcare needs that they may have.

At this inspection we saw that the home had a new accident and incident policy in place. There was an improvement in the way accidents, incidents and near misses were recorded by staff and analysed by the management team. The information was now used to inform people's risk assessments and other actions were taken to minimise future risks.

The building was now safe for its intended purpose. Improvements had been made to a number of areas since our previous inspection, particularly with regards to the electrical supplies and fire safety. The home now had appropriate checks and audits of the building and environment in place.

The home is a large Victorian building and was in a good state of repair. The environment was clean and free of odours, staff followed good infection control practices and there had been improvements to the laundry service. There had been improvements to the décor of the building. Adaptations had been made to the building to make it more interesting and easier for people with dementia and other health conditions to orientate themselves. The home was also part way a number of further improvements regarding the use of

technology to increase people's autonomy and independence.

There had been an improvement in the training provided to staff members and there was an ongoing program to ensure that all staff received mandatory training was in place. Staff told us that they thought they had received appropriate training and support for them to be effective in their roles, and they felt supported by the trustees and the management team.

There were appropriate arrangements in place for the leadership of the home. People living at the home and staff members told us that they had confidence in management and there was good teamwork amongst staff. One person told us, "The managers come in to speak to us and see how we are." One staff member told us, "The management are supportive, they listen to ideas." Another staff member described the management team as, "Positive and proactive."

The service is no longer in special measures.

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.

Medication was not always stored safely and appropriately.

The home had not consistently applied robust recruitment checks.

Accidents and incidents were recorded and learnt from. This information was used effectively to inform the risk assessment procedures.

Staff had received training in safeguarding vulnerable adults.

The building was clean and safe.

Is the service effective?

Good

The service was effective.

Staff received appropriate support to be effective in their roles.

The service operated within the principles of the Mental Capacity Act (2005).

Each person's needs were assessed before coming to the home. People received effective support with any healthcare needs that they had.

People were positive about the food provided at the home.

The environment had been adapted for people's tastes and support needs.

Is the service caring?

Requires Improvement

The service was caring.

People told us the staff were caring in their approach to them. We saw many caring and positive interactions between people and staff.

The home had a very pleasant and friendly atmosphere

People were treated with dignity and respect. They were communicated with in a way meaningful to them and their opinions and consent was sought.

People's confidential and personal information was treated with respect.

People had received end of life care that was caring and supportive.

Is the service responsive?

Requires Improvement

The service was responsive.

Care planning ensured that the service met people's needs and reflected their preferences.

There was a range of activities available to people; including group and one to one activities. These had been designed to meet people needs and tastes.

The activities room was well used and had a vibrant atmosphere.

Complaints were responded to in line with the home's policy and in an effective manner.

Is the service well-led?

Requires Improvement

The service was well led.

A manager was in the process of applying to be registered with the CQC.

People and staff told us they had confidence in the management team.

People's opinions were sought; managers and staff at the home listened to people.

The systems for checking the quality of care and support provided to people had been improved.

The policies and procedures at the home had been renewed

There were areas for ongoing improvements within the home.

Turner Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 11, 13 September and 1 October 2018. The first day of the inspection was unannounced. The inspection was completed by two adult social care inspectors; a specialist advisor 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.

Before our inspection we considered information we held about the service, such as the notification of events about accidents and incidents which the service is required to send to CQC. We also asked the registered provider to complete a periodic Provider Information Return (PIR). This is a form that we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with 19 people who lived at the home We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of some people who could not talk with us.

We spoke with 19 members of staff, including members of the management and administration teams, nursing staff, carers, activities co-ordinators, the catering team and housekeeping staff. We also spoke with two visiting health professionals.

We looked at 11 care plans for people who used the service, four staff personnel files, staff training and development records as well as information about the management and auditing of the service. We observed staff interaction with people who lived at the home throughout our inspection.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the home and when they needed help with something it was available for them. One person told us, "I can come and go as I please, but some people need more looking after than me and they keep them safe." Another person said, "It's good here, they come and help me whenever I need it."

At our previous inspection in January 2018 we found that there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because the management of people's medication was not safe, risks were not effectively managed at the service; and the building was not safe for its intended purpose.

At this inspection people told us they received their medication when they needed it. There had been improvements in the management of medication, however there were some areas that still required further improvements. For example, staff did not always ensure the medication trolleys and stocks were secure during the administration of medication; to ensure there was no risk of people taking medication inappropriately.

Also, the temperature of medication in the storage room was not monitored. This is important as some medications lose their effect if stored at temperatures that are too high. Some other medication needs to be kept cold and refrigerated. Staff had regularly recorded the temperature of the medication fridge. However, this was too high as the fridge was not cold enough for the medication it contained and no action had been taken. We advised the acting manager to seek the advice of a pharmacist about the safety of using the medication that had not been stored correctly.

We observed one lunchtime medication administration round and looked at the management and recording of medication at the home. We saw that there were clear records of the medication administered to people, including 'as and when' required (PRN) medication. The medication administration records (MAR) contained key information about the person including their photograph and a picture showing the type of and number of medicines to be dispensed. There were also appropriate procedures in place for the administration of covert medication.

Usually people were treated kindly and with dignity during the administration of medication. However, we did see that one person had an injection in their abdomen in a room full of people eating lunch; this was undignified.

Medication stocks were correct and PRN medication stocks were checked daily. However, the stocks of controlled drugs [medicines controlled under the Misuse of Drugs legislation] were not checked daily.

This was still a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the service had not ensured that medication was always stored safely and appropriately.

At our previous inspection there was no system for reporting, reviewing and learning from incidents and accidents and this information was not being used to inform people's risk assessments.

At this inspection we saw that the home had a new accident and incident policy in place. Accidents, incidents and near misses were recorded by staff and analysed by the management team. The information was used to inform people's risk assessments or if appropriate gain medical advice, or to make appropriate referrals to minimise future risks.

This process looked at information from before the event happened, any likely triggers or causes, looked at people's needs or other underlying problems that may have contributed to the incident and what effect the approach of staff members had on the incident. Appropriate notifications were made to the Health and Safety Executive, CQC or the local authority safeguarding team.

We found the management of incidents and accidents to be thorough, and followed the home's new policy. If necessary further investigations took place by the acting or general managers. We saw that any matters of concern highlighted during this process were managed to ensure people were safe and similar incidents were less likely to be repeated.

Since our last inspection the management team had implemented a new risk screen to identify the risks in the support of each person and rating any risks as high, medium or low. This was an ongoing project which was well underway and had been completed for two thirds of the people living at the home. Any risks identified as being high would had their own detailed risk assessment for that particular risk. This meant that information was available to all staff to ensure that people received appropriate support and were not at risk of avoidable harm.

The building is now safe for its intended purpose. The home is a large Victorian building and was in a good state of repair; substantial refurbishment work has taken place in recent years. Repairs had taken place of the windows that were previously in need of repair. Window restrictors had been fitted to all windows to ensure they met the safety guidelines for care homes.

The home now had appropriate checks and audits of the building and environment in place. These had ensured that improvements to the safety of the building had been made and these improvements had been maintained. The maintenance manager had also completed risk assessments to ensure that people were safe at the home during ongoing works.

There had been improvements and upgrades to the building. The electrical systems supplying the home and the home's emergency lighting systems, had been upgraded. Works highlighted in the fire risk assessment from August 2017 that had not been completed were now either completed or very near to completion. This included compartmentalisation work in the basement, to prevent the spread of fire and the refurbishment of a number of large original Victorian fire doors, so that they met modern standards.

Other checks and audits completed had been effective. Such as on the gas installation; PAT testing of portable electrical appliances; the passenger lift; the presence of asbestos; the hot and cold water systems and legionella testing. There were also regular checks of the fire alarm, emergency door closures, emergency lighting and other fire prevention measures. Equipment used to lift people safely had been checked by competent persons.

Records showed that that staff received training on the use of fire extinguishers and the use of a fire sled for emergency evacuations. Each person had a personal emergency evacuation plan (PEEP) which had been

recently reviewed.

New staff went through a recruitment process to help ensure that they are suitable to work with vulnerable adults. We saw that usually this had been done safely. We looked at the files of four members of staff. Information about candidates was obtained through application forms, checking photographic identification, obtaining references from pervious employers, verifying these references and obtaining a DBS certificate. Nurses PIN numbers were checked to make sure it was current.

Applicants had an interview, but no record was made of these to show how people's suitability for the role had been decided. The general manager told us that they were looking into how to best record the information obtained during interviews in future.

We were told that a nurse had been employed who had some restrictions on their areas of practise imposed upon them by the Nursing and Midwifery Council (NMC). However, the details of these restrictions were only checked after the nurse had been employed. This meant that the provider had not assessed any restrictions as part of the recruitment during the recruitment process, before deciding an appropriate recruitment decision.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because the service had not consistently applied robust recruitment checks on the suitability of all applicants.

Once the general manager became aware, appropriate actions were taken and the recruitment procedures at the home have since been made more robust.

We saw that there were sufficient nursing and care staff on duty to meet people's needs in a timely manner. One person told us, "You know you can always get someone when you need them." Another person said, "If I'm struggling with something they help me straight away, they're really good like that." We saw that people who were in bed or stayed in their room had their call bell within reach. People told us these were responded to quickly.

Staff had received training in safeguarding vulnerable adults and had access to the home's safeguarding and whistleblowing polices. Staff were knowledgeable about safeguarding and knew what actions they would take if they suspected a person as at risk of abuse. One staff member told us, "If you have any concerns you feel listened to and the response is good."

The environment of the home was clean and free of odours. A member of the housekeeping team told us, "We like to keep the home looking nice and fresh." Bathroom facilities were clean and equipped with soap and hand towels. There had been new flooring downstairs in the home, new curtains, new bespoke radiator covers and the rooms had been freshly painted. People living at the home picked from a choice of colours for communal areas by popular vote.

Since our last inspection the laundry facilities have been expanded and refurbished and now provide an organised and safe system for dealing with washed and unwashed laundry. The new facilities were easier to keep clean and there was a new clean laundry storeroom. The home had a labelling machine for tagging people's clothes to help ensure they are always returned to the right person.

Staff had access to gloves, aprons and hand wash and we saw that these were used throughout the day. Housekeeping staff told us they had all the equipment and supplies that they needed. A regular

environmental infection control audit had been carried out and we saw that actions had been taken when required to maintain standards at the home. The kitchen had been awarded the highest score of five for food safety standards by the local authority. There were also good infection control practises for the safe disposal of medical sharps and clinical waste.

Good

Is the service effective?

Our findings

At our previous inspection in January 2018 we found that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because staff had not received sufficient training to be effective in their roles.

At this inspection there had been an improvement in the training provided to staff members and there was an ongoing program to ensure that all staff received mandatory training was in place. A senior staff member had oversight of the training provided to staff members. Staff told us that they thought they had received appropriate training and support for them to be effective in their roles, and they felt supported by the trustees and the management team.

Staff had received recent training and refreshment of training in equality and diversity, safeguarding vulnerable adults and health and safety. Some staff attended courses to then train other staff within the home; a recent example of this was in pressure area care. Some staff told us that they had been supported to attend outside courses. For example, the cook was booked to attend a conference on care home catering. Another staff member with a specific role was being supported to gain professional qualifications in their area of work within the home. One member of staff commented that recently, "I have come on in leaps and bounds."

New staff undertook an induction programme. This had been adjusted several times recently to meet the needs of the service. It included staff undertaking the modules in the Care Certificate from Skills for Care. Skills for Care are the government appointed body for setting standards of training in the care sector.

Staff had received supervision from a line manager. The staff we spoke with were positive about these. One staff member told us, "Supervision meetings have been good; I've found them useful." We looked at a sample of these and saw that supervisions had often been undertaken to inform staff of new practices that were being introduced. We discussed with a senior member of staff expanding these supervisions to provide staff and their manager with the opportunity to discuss their work role, any concerns they may have and any training opportunities.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The home held a record of DoLS applications made on people's behalf, the reason for these applications

and who had a current DoLS in place. Each person who had a DoLS in place, or DoLS had been applied for had the details of the application and an assessment of their capacity to consent in their individual care plan.

There were many historical decisions that had been made on people's behalf and the management team were in the process of making sure that these were all appropriate, the least restrictive option and were in the person's best interests. New care plan information in people's files contained information on choices and decisions made, including the details of who a person would like to be involved in any future best interest decisions.

The home does not act as appointee for finances for anybody living at the home. However, some people had their monies paid into the home's account and if possible, people signed for their money when they requested it. These monies were accounted for separately and were double checked by a second person; ensuring they were kept safe. The home was undertaking an audit of people's monies and was changing the way the system worked at the home with the home's accountant; in order to make it more individualised for each person.

We saw that people received effective support with any healthcare needs that they may have. One person told us, "They care about me, make sure take my meds and look after me when I'm poorly." The Home's treatment room and nurse's office had been changed so that it was more private for people.

Many people had ongoing healthcare needs and the provider had arranged for a local GP to visit the home weekly. They work alongside the nurses to ensure people are receiving necessary and appropriate healthcare. We saw that details of any non-urgent healthcare needs along with nurse's comments and clinical observations were prepared for the GP to help them support people with their healthcare needs. The visiting GP who told us that the staff are responsive to people's health needs and know people really well. They told us that on occasions staff have told them that a person is, "Just not right." They have done some checks and found that the person is ill. The GP told us that people have benefitted from a continuity of care staff who know them well.

People's nursing needs were effectively attended to by the nurses working at the home. We also saw that the service worked in partnership with other healthcare providers such as dieticians and speech and language therapists. One healthcare professional had written in feedback that, "Communication is very good."

Before people came to live at Turner Home senior nursing staff obtained information about the person and their support needs. This assessment included using a care plan from service commissioners, discharge information from the hospital and any information available from the person and their friends and relatives. This ensured that people received effective care when coming to the home.

People were positive about the food provided at the home. One person told us, "We're having scampi. That's very posh." We observed one lunchtime where people told us the food was "lovely". Another person said, "It's very good; it is every day." A third person told us, "I like the food here and we always get plenty of it." The majority of the food we saw was home cooked, such as soups, pies and cakes. Also for variety the home had introduced take away nights and chip shop tea. People told us that this was, "A nice change."

There was a menu on display and the cook talked to people to ask them about their choices from the menu that day. One person told us, "Today the cook came around and discussed what I would be happy with."

We saw that there were two 'sittings' for lunch with the more independent people eating first and those who

needed more support eating afterwards. Staff told us that this enabled them to take time to help people who needed support to eat. This did cause come delays for some people getting their food. One person told us, "Sometimes we're sat at the table for ages before we get our food, but it's ok when we get it."

People also had the choice to eat in the dining area, in one of the lounges or in their room as some people chose. There was a nice lively atmosphere in the dining room. There had been changes to the dining experience since our last inspection; crockery had been replaced with a design that was more dementia friendly for people to orientate themselves. The food for people who required an easy to swallow diet, this food was prepared with care and presented in an appealing and appetising manner.

We saw that people were constantly being asked their preferences and choices during mealtime. Staff asked people their choice of food, where they would like to sit, if they had enough food or wanted more, a choice of drinks or a choice or condiments and pickles for their sandwiches.

Since our previous inspection improvements had been made to the environment to ensure it was brighter, more interesting; and less bland, clinical and institutional. For example, the entrance and corridors of the home had been decorated and the flooring had been replaced. One of the lounges had been redecorated and had new curtains. The activity room had been decorated and refurbished, which included bringing the balcony back into use. Also, there was artwork people had completed on display and fresh flowers in the corridor. All the lounges had new large flat screen televisions so people could easily see the screen.

Changes to the environment had also been made to make it more interesting and easier for people with dementia and other health conditions to orientate themselves. For example, most people's bedrooms had new doors that looked like 'front doors' and people had each chosen the colour of their own door. Along with new name plates and a photo on people's rooms, and details like an old fashioned retro telephone in one corridor; which made the corridors more interesting and it easier for people to find their own rooms. Work was ongoing to support people to personalise their rooms and consulting with them with regard to their choices or colour and bedding and curtains.

The lounges had been adapted for different people's tastes; there was a quieter lounge with some music playing, a TV lounge and a cinema lounge. We saw people coming and going between the different lounges as suited them and that there was always a member of staff to assist where necessary.

Facilities were available throughout the building to support people with their mobility and personal care. This included ramps, handrails, a passenger lift and accessible showers and baths. People also used equipment that had been assessed for their needs including adapted beds, wheelchairs, stand aids and hoists.

Requires Improvement

Is the service caring?

Our findings

People living at the home told us they thought the staff were caring in their approach towards them. One person told us, "They give me food, they look after my medicines, they keep my clothes and room clean and they do it all while being nice to me, I like it here." Another person said, "I like it here. It's good."

At our previous inspection in January 2018 we found that there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because people had not always been treated with dignity and respect.

At our previous inspection we did observe staff being kind and personable in their interactions with people. However, we also observed times when staff did not protect people's dignity, showed a lack of respect or were overly focused on the task at hand and not on the person.

At this inspection it was clear that there had been a renewed focus on the experience of people who live at the home. The home had a very different culture and atmosphere, it was much more positive and although the building looked somewhat like an institution the care provided was much less institutionalised and more focused on people as individuals. One person told us that they received support to help them keep in touch with loved ones. They said, "They take me to see my wife, I like that."

We saw many positive, happy interactions between people living at the home and staff. For example, we saw a member of staff moving a hoist with the help of someone from the home. They were singing and laughing together and appeared very happy in each other's company. People we observed looked very comfortable in their surroundings.

We also saw another person who was being supported to move with two carers and a hoist. We saw that the carers spoke with the person at all times telling them what they were about to do and asking the person if they were ready for them to do it.

We saw that all staff with different roles stopped when walking down the corridors to talk to people living at the home and respond to people's requests. When people needed personal care, staff were discreet about this and when possible provided the support straight away or made sure they found a staff member who could do so.

Staff interacted easily with the residents and knew them well, recognising what they preferred to be called and how the prefer to be treated. The approach of staff to tasks was done in a respectful manner. For example, when administering medication staff took the time to seek the person's permission, explain what the medication was, what it was for and offered them a drink. Similarly, when supporting people to eat, staff took their time, and had a pleasant chat to people throughout their meal. Often, we saw that staff supporting people took the lead from the person. For example, we saw one person in the garden and the staff member supporting them asking, "which way are we going [name]?"

Steps had been taken to make the environment more personable. The floors of the main accommodation area of the building were previously called A, B and C. The floor names had been changed to those of local historic docks and the new names were being used by staff. There were also good quality clear signs to help people orientate themselves on these floors.

Previously a tannoy system had been used for staff to communicate, this used to echo around the building. Staff had stopped routinely using this system and only used it in an emergency. This helped create a homelier and less institutionalised environment.

This all contributed to a very pleasant and friendly atmosphere.

It was clear that staff knew people; and people told us that this was also their experience. One person said about the staff, "I know them and they know me." Another person told us, "They know who we all are, I don't know how." A third told us, "I know everyone who works here."

This approach from staff members had benefitted people. One person told us, "I like the freedom." They then explained that when they first moved to the home a member of staff had supported them to go out and about and helped them to get to know the local community. As a result of this, they were now confident enough to go out on their own and told us, "That's all down to here. It's increased my independence." Another person said about the staff, "They are really good, you can go to any of them, they take it [what they are saying] in. I can't fault them."

The home was built with an integrated chapel. The acting manager told us that that some people's families had requested that this was used for memorial services. After using the chapel one person's family had written to the home, "The chapel and the funeral were beautifully presented and the high attendance of staff brought home to us how fondly [name] was regarded."

The service was starting to use different methods to communicate with people. Some people were using pictures that they had made to tell staff how they were feeling each day; others used pre-printed communication cards. Staff had become aware that another person could not use words to communicate but they were able to type; and now used this to communicate. An electronic tablet was now on order for the person to use.

A personal questionnaire had been completed with all of the people living at the home to gather their views and preferences. This had included checking with people how they preferred to be addressed and asking them what time of day they liked to get up and go to bed.

People's confidential personal information was treated with respect and kept secure. People's care records clearly identified who personal information could and could not be shared with. This was good practice as it lessens the risks of people's right to confidentiality being breached.

Whilst on this inspection we observed that improvements had been made in this domain a more sustained period of improvement is required for the service to be rated as 'good'.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection in January 2018 we found that there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because care provided to people was not person centred.

We issued a warning notice to the provider outlining our concerns with regards to people's support and asking the provider for an action plan highlighting what they would do and by when to ensure that people's support was appropriate, meet their needs and reflect their preferences. Whilst we observed that improvements had been made in this domain a more sustained period of improvement is required for the service to be rated as 'good'.

Improvements had been made in the way that care planning ensured that the service met people's needs and reflected their preferences. The home was in the process of inputting people's information into a new electronic care planning system. The manager told us that this was time consuming and only a small number of these had gone onto the new system. In the meantime, the home was still using the paper based care file system. There had been some improvements made to these and more recent care plans contained more detail to ensure the person received appropriate support. People's care plans were now reviewed each quarter or sooner if a significant event happened.

People's care plans contained assessments of their needs in the form of screening tools for particular risks; for example, of pressure wounds, malnutrition or injury from a fall. When risks were present we saw that a corresponding care plan was in place. For example, if people were at risk of malnutrition they were weighed weekly and the information was used to inform care planning and assess progress. Also, we saw that details of people's support needs with food were in their care plans. When we checked this it matched people's healthcare assessments and the food people received. Some people's care plans set out their advanced wishes if their health was deteriorating.

People's care plans now contained person centred details; such as their likes and dislikes and their preferences about their clothes, hobbies, music and drinks. We also saw that people's support was adapted if they had a particular family event or an appointment and people's needs and wishes for these occasions were also recorded in the home's diary.

Staff told us that one of the people whose care plan we looked at had really improved in their mental health since moving to the home. Staff had a really detailed knowledge of the person and the plan to support them to become well. It was evident that they had built trusting relationships with the person and were able to have open, honest conversations with them about the support they may need; which the person had clearly benefitted from.

There were still some areas of care planning and records requiring improvement. For example, one person had experienced a fall and did not have a mobility care plan and another person had a recent operation, but there was no care plan in place for this. A number of people at the home smoked and needed support with

managing their cigarettes. However, there was no guidance for staff on how to do this. Also, nursing staff filled out people's daily records; whilst care staff provide people with by far the majority of the support they receive. This increased the risk of important information regarding people's daily care being missed.

At our previous inspection in January 2018 we found that there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because care provided didn't enable people to participate in activities that promoted their wellbeing.
There had been a significant improvement in the day to day activities available for people living at the home. The plans the general manager told us they had in January 2018 had been put into place. The activity room had been refurbished and looked interesting and inviting. Also, a previously underused room had been turned into a cinema room. The general manager explained that there was also now a budget set aside for activities.

The service had employed three activity co-ordinators; the times they worked were staggered so that people were able to also do things into the evening time. Each person had an activities profile which contained the person's preferences, including details such as what they prefer to be called along with a brief life history and details of previous occupations and hobbies that people had shared with the activities co-ordinators. This helped them to work out if a person would be likely to enjoy a particular activity and what activities to try. We saw that the activity co-ordinators were knowledgeable about people and their likes and dislikes. People were also asked what one thing they wished they could do. This was written on a leaf and put onto a wishing tree. This was tastefully done and we saw a number of wishes on the wishing tree that had been achieved and others that the activity co-ordinators told us they were working towards. One person told us, "Anything I want to do I ask them and they look into it."

Some people had been to the theatre, to a local pub, out for lunch and shopping. If they wished people were supported to attend religious services. One person told us, "I get to go to church now, I like that." Staff told us that they had the use of a mini bus or if people were able used public transport.

There was much more available for people to do at the home. For example, the cinema room showed older and more modern films, from Westerns to Sci-Fi to cater for people's different tastes. We saw people using this room who looked engaged with the film, popcorn was available and the home was in the process of building a traditional sweet shop as part of the cinema room. The grounds had been used to have BBQ's during sunny days. There was a refurbished activities room which people used for darts and pool tournaments, arts and crafts, TV and using a massage chair.

The activities room was well used and had a vibrant atmosphere. Cabaret acts visited the home and we saw posters advertising upcoming acts visiting the home. The home was developing a sensory garden and had obtained sheds for people to get involved in the upkeep of the grounds. The TV upstairs was used to watch football games in a group. One person told us, "I like when we all watch football." We also saw the activities co-ordinators in the lounges, at one time reading to a person and giving another person a hand massage that they seemed to enjoy.

Some people had become involved in art and crafts, including one particular person who had taken up painting again. Some people's work was on the wall in the activity room and nearby corridor. One person proudly told us, "My picture is up on the wall now." Another person had a partially completed painting on an easel, staff told us the person was proud of this and even when not painting, checked on it every day.

The feedback from people about the changes to the activities available within the home was overwhelmingly positive. One person told us, "I'm alright here, I like all the things I can do… I can do crafts, I

went to a BBQ and they take me outside to see the cars." Another person told us, ""We had a BBQ in the summer, it was fun." A third person told us, "We've got some really good games."

We were told by staff that some people have been reluctant to get involved in activities. They were gently encouraged but not forced to take part. They gave us the example of one person who used to occasionally go to the activities room and have a sit down and did this for about a month. However, recently then they felt more comfortable they had they started to get involved and participate. We observed the activities co-ordinators who made the process of really engaging with people look effortless; yet you could see the care and attention given to ensure each person had a positive experience from the time spent with them.

The activity co-ordinators wrote a monthly report for the board of trustees to keep them informed of the activities available to people at the home and any particular achievements that had been made.

The home provided people with end of life care. We saw that if people wished they had an end of life care plan in place which contained their wishes and preferences of the care and support they would like to receive. A visiting GP told us of one person who received palliative care at the home. They told us that the care received was "fantastic" and near the end the, "Person always had a staff member with them the whole time. It was like they were in their own home. The nursing care was brilliant."

The home had a system installed that allowed internet to be available throughout the home. This will enable the staff to use the new electronic care plan system effectively and also allow for the use of more assistive technology, access to the internet and communication tools for people living at the home. This has already been used to support a person to keep in touch with family who live far away.

We also saw that the keypad locks on internal and external doors were being replaced by a fob system. Each fob will have personalised access permissions to certain doors as assessed as being safe for each person. This means that people living at the home can have as much freedom as it is safe to do so. This means that some people will no longer have to ask staff for access to certain part parts of the home or to outside of the home. This will allow people maximum freedom, whilst keeping them and other people safe.

A complaints file showed that three complaints had been received and dealt with in 2018. These had followed the homes complaints procedure and timescales for response. The home's complaints policy was clear and in the home's statement of purpose there were the details of and contact numbers for outside organisation that people may wish to raise concerns with, such as the Care Quality Commission.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection the registered manager who was also the nominated individual had been absent from their roles since August 2017. The nominated individual is responsible for supervising the management of the regulated activity provided.

Since that inspection the roles of registered manager and nominated individual had been separated and the general manager was now the nominated individual. The acting home manager was a registered nurse and was the clinical lead for the home; they were in the process of applying to become registered with the CQC. There was also a registered nurse who was the acting deputy manager, supporting the acting manager. All managers had supernumerary time to be able to effectively complete their management roles.

Turner Home is a registered charity which has a board of seven trustees. The trustees met together monthly with professional advisors and also the general manager and acting manager or acting deputy manager. The trustees now received monthly update reports from the general manager, human resources lead and the activities team.

Since the last inspection the CQC had met with the board of trustees regarding the findings at the previous inspection in January 2018 and the plans that were put into place to make improvements to the quality of the service.

At our previous inspection in January 2018 we found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the oversight of the quality of the service was inadequate.

At this inspection we saw that there had been improvement in the leadership of the service and how the quality of the service was assessed. The management arrangements and procedures now in place were having a positive impact at the home. The service was no longer in breach of Regulation 17.
The service was also no longer in breach of Regulation 9, 10, 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst these improvements had been made the service was still in breach of Regulation 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We spoke with the management team about ensuring ongoing improvements, using the quality assurance systems in place to identify areas were improvement was needed.

People living at the home and staff members told us that they had confidence in the management of the home and there was good teamwork amongst the staff members. One person told us, "The managers come in to speak to us and see how we are." One staff member told us, "The management are supportive, they listen to ideas." Another staff member described the management team as, "Positive and proactive."

The management team told us that the recent inspections had been a difficult but positive process for the home and had led to improvements being made. The deputy manager told us, "We have made good progress and we feel positive about the things we have implemented." One staff member told us, "I now feel

like part of the team. I want the team to do better." It was clear that the management team within the home had always been passionate about the care and support of people living at the home; but now had direction and systems in place to help ensure effective leadership.

There had been new roles developed at the home such as a care coordinator who helped to manage care staff and check people are receiving the day-today support they require; and an increase in the number of staff involved in supporting people with person centred activities. The acting manager and acting deputy manager also had supernumerary time to ensure that they were able to fulfil the responsibilities of their roles.

Staff had embraced the changes that were being made to the environment and culture within the home. One member of staff commented about the home, "It's come on fantastic. It's great seeing the changes in people." A second member of staff said about the home, "It's improved a lot. People at the home are happier and people have started to communicate with each other more." One visiting GP commented about changes at the home, "It's improved massively here. I would have been happy for my dad to have been here."

The systems for checking the quality of care and support provided to people had been improved. We looked at robust audits for many areas of the home and the service provided for people. These included audits used to ensure the services and equipment in the building were safe. We saw that these audits had started to be effective in highlighting further improvements.

The audits at the home included the support offered to people with their occupation and activities; to ensure that the support offered was responsive to people's needs. This included an in-depth check on the support offered to five different individuals each month, to ensure the support reflected their wishes. We saw that any areas for improvement had been highlighted on an action plan.

People's opinions were sought and managers and staff at the home listened to people. There was a monthly residents meeting to gain the feedback from people living at the home. A member of staff also explained that alongside the monthly meeting they met one to one with some people who preferred to share their views in a smaller environment.

Feedback about the service had been encouraged by having an attractively designed feedback form giving people all the relevant information on how to give feedback to the home and other external organisations that people may wish to contact.

Using the forms one social worker had commented, "The improvements to the building are much needed and improve the feel of the home. Staff are always friendly and helpful when I complete my reviews." One person's family member had written, "You show so much empathy to [name]… you are an amazing team, full of kindness and compassion."

The policies and procedures at the home had been renewed. The service had undertaken a large piece of work to map these to the needs of the home and people living there and the standards used by the CQC. These provided guidance for senior staff and were available for all staff to access. Key policies and procedures had been included in a new staff handbook that was being issued to all staff.

There were areas of ongoing improvements within the home, that checks and audits had highlighted. The general manager told us that they were currently working on a clearer system for managing people's finances and a more effective recruitment procedure within the home. The management team were proud

of the changes they had made and were clear that they wanted to make further improvements to the service provided for people.

At our previous inspection in January 2018 we found that there was a breach of Regulation 14 and 18 of Care Quality Commission (Registration) regulations 2009. Because the provider had failed to notify the Commission of events they had a legal obligation to do so. This is no longer the case and since our inspection in January 2018 appropriate notifications have been sent to the CQC.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Because the service had not ensured that medication was always stored safely and appropriately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Because the service had not consistently applied robust recruitment checks on the suitability of all applicants.