

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?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Turner home is a grade two listed building situated in Liverpool. The service supports males who may or may not be living with dementia. The service can accommodate up to 59 people. At the time of the inspection, there were 54 people living at the home.

### People's experience of using the service

At our last inspection in September and October last year the registered provider was in breach of regulations in relation to requirements in relation to safe recruitment and management of medicines. We found during this inspection that the service had taken action to meet these breaches, however we identified new breaches in relation to governance and staffing.

Records were poor in quality in most areas and not always accurate, fully completed or reviewed. The service was transitioning from paper to electronic records, and not all staff had access to these. We also saw that some audits required improving as they had not highlighted some of the concerns during our inspection, and some audits, in relation to care plans, were not taking place. There was a manager in post who had not yet registered with the Care Quality Commission. Staff had team meetings and people told us they felt engaged with and they liked the manager.

Staff training was not in date and most staff had not undergone a recent refresher update. We saw gaps in the training matrix in relation to some subjects the registered provider had deemed mandatory. Additionally, induction for agency staff was not robust and there was an over reliance on verbal information being passed over from long standing staff which might not have always been happening. There was an ongoing plan in place to improve this which the manager and the Human Resource manager have shared with us.

Care plans did not fully reflect dignity, respect or diversity. We observed mostly kind and caring interactions from long standing staff, however the recording of people's care needs did not match what staff were doing and did impact on the caring domain in this report. People did tell us they liked the staff and felt they were kind.

Complaints were dealt with in accordance with the organisation's complaints procedure, people said they knew how to complain.

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

The last rating for this service was requires improvement (published 20 November 2018)

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 that even though some improvements had been made in some areas enough improvement had not been made and the provider was still in breach of regulation. The last rating for this service was requires improvement. The service remains rated requires improvement. This service has been rated requires improvement for the third consecutive time.

#### Why we inspected

The inspection was prompted in part due to concerns received about oversight, staffing and an incident which is currently being investigated by the local authority. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective

Details are in our effective findings below

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring

Details are in our caring findings below

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive

Details are in our responsive findings below

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led

Details are in our well-led findings below

**Requires Improvement** ●

# Turner 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

The inspection team consisted of two inspectors, an Expert by Experience and Specialist Advisor.

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

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.

The service had a manager who was not yet 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 information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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 used all of this information to plan our inspection.

During the inspection-

We spoke with seven people who lived at Turner Home and one relative who were visiting on their day of our inspection. We also spoke with a visiting health and social care professional. In addition, we spoke with four staff, the manager, Human Resource manager, the chef, the maintenance person, and the activities coordinator.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and updated quality assurance records.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider had failed to robustly assess the risks relating to people's medication. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- People had risk assessments in place to help keep them safe, however, the recording of the information within these assessments varied from record to record. For example, one person's records in relation to their moving and handling were detailed and instructive. However other people's moving and handling records were incomplete or lacked information around how the person transferred. This could mean people might be at risk of improper moving and handling support from staff.
- There were some risk assessments in place around people's skin integrity, however, we also found that the level of detail within these assessments varied. One person who was assessed as being high risk of developing pressure sores only had basic information recorded in their care plan as staff had not updated the new electronic recording system which had been implemented at the home.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014.

- We found no evidence that anyone had been harmed in relation to records not being completed appropriately, and staff knew people well and most staff had been in post for a long time. The manager has since taken action and sent us an updated action plan which detailed the timescales for all records to be completed.
- People told us they felt safe living at the home. Comments included "yes, no problems" and "It's Okay."
- Checks took place on the building and the grounds. The fire service had issued actions which we saw had been complied with, and other environmental checks were in place.
- We saw four fire doors that were not closing correctly on day one of inspection. However this had been rectified when we returned on day two.

### Using medicines safely

- Medication was managed safely.
- Protocols and procedures were in place for staff so they knew how to respond to people and administer

their medications as and when required, often referred to as PRN medicines.

- Medications were stored appropriately, and the temperatures of the room were taken to ensure they were in the correct range.
- Medication Administration Records (MAR)s were completed accurately and in full including a photograph of the person and a breakdown of their allergies.

#### Staffing and recruitment

At our last inspection the provider had failed to ensure appropriate recruitment checks were undertaken. This was a breach of regulation 19 (Fit and Proper Person Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Recruitment and selection of staff was now safe. Checks were undertaken on staff before they started work and records were kept in relation to recruitment decisions and interviews.
- Rotas showed there were enough staff on shift to support people. However our observations during lunchtime showed staff were not always present in the communal areas which we fed back to the manager.
- People told us they felt there was enough staff. One person told us "They [staff] always come when you need them."
- There was some dependency on the use of agency staff during nights. However that had decreased since the last inspection. One visiting relative told us, "There are sometimes faces you don't know."

#### Preventing and controlling infection

- We observed people were protected by the prevention and control of infection. Cleaning took place, and there were contracts in place for the removal of hazardous waste.
- All staff demonstrated good practice in hand hygiene and the use of personal protective equipment (PPE).

#### Learning lessons when things go wrong

- Lessons had been learnt as a result of some recent safeguarding concerns. The manager was also in the process of updating the training schedule and care plan auditing processes as they had identified they were not always fit for purpose.



# Is the service effective?

## Our findings

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

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

Staff support: induction, training, skills and experience

- Staff were not always up to date with their training as some had not undergone refresher training. It was unclear from the information how long had lapsed between courses. We discussed this with the manager who was honest and transparent and assured us this would be addressed.
- On day two of our inspection the manager shared a letter with us they had sent to the staff team which explained action would be taken if staff failed to attend training courses. The manager has agreed to update us when the staff have attended the courses and will send an up to date training record.
- The induction for agency staff was not robust and did not give a clear breakdown of the needs of the people who lived at the home. Handovers were mostly reliant on verbal exchanges between the staff. This meant that if the service had to use new agency staff they might not be aware of people's specific risks, behaviours or any other important information.

This was a breach of regulation 18 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

The manager has since sent us via email, a new induction which has been implemented with all new and existing agency staff. The document contains a photograph of the person, and any important information.

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

- There was pre-assessment information in each of the care plans we viewed. These were used to develop each person's care plan and information had mostly been transferred in to people's care plans
- The service was in the process of transitioning between paper and electronic records. We saw that due to this some information was not always transferred completely from the existing documentation and there was some incomplete information in people's care plans.

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

- People we spoke with said they enjoyed the food.
- We ate lunch with the people who lived at the home and found it was acceptable. However there were limited menus displayed to show the choices available. There were no pictorial menus for people to select what they wanted.
- People who were required to have specialist diets had information in their care plans detailing what their diets were. Where people were at risk of dehydration or malnutrition, staff completed records to monitor their food and fluid intake. We did highlight that there were some gaps in the recording of this information

for some people. The manager took action to address this.

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

- Care plans evidenced that people had been referred to other health care professionals such as Speech and Language (SALT) and dieticians when needed.

- Our conversations with staff evidenced that advice from these professionals was followed and we saw an example of someone making progress with regards to gaining more weight following input from a medical professional.

- Staff documented each time a medical professional such as a district nurse or a GP visited a person and the outcome of the visit.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their capacity assessed, and DoLS were in place for those who needed it.

- Best interest decisions had been completed for people for the use of bedrails and CCTV. Other medical professionals were involved in this decision-making process.

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

- People had their own rooms in the home which were decorated according to their taste and choice.

- There were communal areas and some types of activities on offer in the home, and people used these for opportunities to socialise.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with said the staff were kind and caring. Comments included, "Very helpful," "feel safe with them," "Staff are nice" and "Respectful and kind". One person told us "This is the best home I have been in."
- We observed some interactions between people and staff that were caring, however there were periods of time when people were not interacted with in one of the lounges for over fifteen minutes.
- Most care plans we viewed did not detail enough information around people's diverse needs and how they can be supported effectively.
- The home has been rated requires improvement for the third consecutive time, which does not demonstrate a caring oversight from the registered provider in terms of improving the home. The manager however, was responsive during and after our inspection.

Supporting people to express their views and be involved in making decisions about their care

- Care plans were not always signed by people to demonstrate they had been involved in their completion. The manager informed us this had been identified and most people's care plans were in the process of being discussed with them as part of a review process.
- We saw best interest discussions had taken place around some aspects of care provision, such as consent to remain in the home.

Respecting and promoting people's privacy, dignity and independence

- Care plans varied in their level of detail with regards to how staff should encourage and promote people's independence. We observed staff using words of encouragement and speaking to people in a dignified way, however this was not always captured in the records kept.
- People told us that staff treated them with dignity and respect and we saw staff treating people respectfully during our inspection.
- People's records and data was stored securely.

# 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 as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- Care plans varied in their presentation of information relating to person-centred care which focused on the person's needs, choices and wishes for support.
- People's backgrounds and hobbies were not always recorded in their care plans which meant staff were not always able staff to get to know more about them.
- Due to some of the information being transitioned from one set of paperwork to electronic records some of the person-centred details for some people were missing or not recorded. Also, care staff did not have access to these records, only the nurses, which meant that verbal handovers were relied upon daily.
- There were some gaps in the recording of information such as position changes, and fluid intake. Therefore, due to the lack of detailed records, we could not be sure the care being delivered was always meaningful.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014.

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

- There was an activities coordinator in post, and a programme of activities at the home.
- Some people and their relatives told us the activities were 'okay' however there was not much going on.
- We observed during our inspection that people were mostly in communal areas in chairs or in their bedrooms. We fed this back to the manager during our inspection, who assured us that activities were always on offer, and more would be done to try to engage people.

We recommend the registered provider refers to guidance around person centred activities and takes action to improve their practice.

Improving care quality in response to complaints or concerns

- There was a process in place for dealing with and responding to complaints and concerns.
- We discussed at length some of the concerns we had received with the manager as we wanted to be sure they were taking action to be responsive to complaints and safeguarding's raised.
- People told us they knew how to complain.
- The manager assured us, and we saw that all concerns the service were aware of had been addressed and responded to. There was one ongoing complaint which was still being investigated.

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.

- There was no information available for people to access in formats such as easy read and large print.
- We discussed with the manager how this could be developed to include other types of communication needs. The menu, for example, was only available in print, which did not support some people's communication needs. The manager said this was something they were working towards.

#### End of life care and support

- Staff had undergone a training module to enable them to support people in their last days.
- Some of the records relating to end of life planning were not always in place. Some people chose not to discuss this and this was recorded in their care plans., However others had basic information which would require further development with the person or their family.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- In most areas of planned care we saw that the services approach to record keeping needed to be improved. Examples of this included, gaps in fluid charts, incomplete planning documents and information not always being uploaded onto the electronic system
- The handover procedures for agency staff were not robust and there were no checks taking place on this. Following our feedback the manager has since updated this.
- Staff training attendance was poor, however the manager had identified this in a previous audit and had tried to take steps to address this.
- Other audits took place in areas such as medication, staff recruitment and the environment. Audits with regards to care plans were not effective. We discussed this with the manager who was in the process of devising a new audit tool which they have since sent us a copy of. However this has not yet been implemented.
- The manager had completed an audit when they first took up post at Turner Home in all areas. This audit had identified the governance arrangements in place at Turner Home were not effective. The manager had compiled an action plan to address this, which they shared with us.
- There was a heavy reliance in the home that staff 'knew' the people well, therefore documentation was not robust. The manager was taking steps to address this culture and staff we spoke with were supportive of this.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014.

The manager has been responsive since our inspection and has sent us ongoing action plans to assure us that these concerns are being addressed. No one had come to any harm as a result of this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a manager in post who was not yet registered with the Care Quality Commission. The manager was available throughout the duration of our inspection.
- The manager had notified CQC of anything they had to tell us about by law.

- Staff we spoke with said they felt the home was well ran and were positive about the new manager.
- We spoke to a health and social care professional who said they visited the home often and felt the home was improving.

#### Continuous learning and improving care

- Our feedback during and after the inspection and regular contact since the inspection with the manager assured us that action was being taking to learn and improve from previous shortfalls.
- The manager had devised an action plan from this inspection feedback and their previous inspection report to help them improve the service.

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

- People were invited to 'resident's meetings' and we saw examples of some minutes of these.
- People told us they felt they could approach the staff and the manager and there were no concerns raised around this.
- Feedback was sent out to people, families and staff to ask for their input into the service. We saw that no concerns had been raised from feedback with the exception of one person commenting about the use of agency staff being high.

#### Working in partnership with others

- The manager worked alongside a board of trustees who regularly visited the home, however there was no record of any formal visits or feedback from any of the trustees. The manager assured us they were working towards improving this.
- The service had relationships with the Local Authority and the GP surgeries to ensure good communication.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Records relating to people's care and treatment were not updated or completed fully or accurately.  Audits were not always effective in identifying shortfalls in the provision of care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Some of the staff training had expired.  Induction processes in relation to agency staff were not robust.