

Hestia Healthcare Properties Limited

Timperley Care Home

Inspection report

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Timperley
Altrincham
Cheshire
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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Timperley Care Home is a purpose-built nursing home located in the borough of Trafford. The home was fully occupied at the time of our inspection with 56 people living at the home.

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

At this inspection we identified a number of issues associated with safety. Whilst we found no evidence of actual harm, we have made two recommendations associated with the passenger lifts and for the safe management of medicines.

We found the provider had not acted within a reasonable time frame to rectify faults associated with the passenger lifts, in particular, faults that had been known to the provider since 2016.

We found some people's medicines were not consistently managed in a safe way. This related to record keeping for thickened fluids and medicines administered 'when required.'

We found a communal bathroom and toilet was being used as an equipment store and was cluttered with wheelchairs and hoists. We observed a care assistant support a person to use these facilities and then leave the door unlocked afterwards. This posed a potential trip and falls hazard to people living at the home.

Newly recruited staff received an induction and competency checks were completed before they worked unsupervised.

People told us they considered staff to be caring and that they were well looked after.

Care and support was provided in a non-discriminatory way and the needs of individuals from different groups were met.

People were treated with kindness and care was delivered in a dignified and respectful way.

People were involved with planning their care and support and we saw that where possible, people and their family members or people who knew the person well, had been consulted.

The activity coordinators were an integral part of the team in helping to ensure care and support was delivered in a meaningful person-centred way that took account of a person's individual life story, likes, dislikes, interests and hobbies.

The home was accredited to deliver end of life care through the 'six steps to success' programme. This meant people could be cared for within the home, by staff who knew them well.

Staff told us the new registered manager had been effective since their appointment. Positive changes had started to take effect and the majority of staff said they felt valued and were able to contribute ideas for continuous improvement.

The registered manager and deputy sought to promote a culture and ethos of openness and transparency. Staff told us they were not afraid to speak up when things went wrong, and people were keen to learn lessons to reduce the likelihood of negative events occurring again in future.

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

Rating at last inspection:

'Requires Improvement' (report published on 31 January 2018).

Why we inspected:

This was a planned follow-up inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated 'Requires Improvement.'

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not always safe

Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

Aspects of the service were not well-led.

Details are in our Well-Led findings below.

Requires Improvement 

Timperley Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team on day one consisted of two adult social care inspectors, a medicines 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. Day two consisted of two adult social care inspectors.

Service and service type:

Timperley Care Home is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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 CQC. 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:

Day one was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and the NHS who work with the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service and five visiting relatives to ask about their experience of the care provided. We also 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 spoke with the registered manager, deputy manager, regional operations manager, and six members of staff covering a variety of roles.

We looked at records relating to the quality and safety of care being provided and records associated with the building and premises.

After inspection:

We were sent updated servicing records related to the passenger lift and an action plan based on the summary feedback given at the end of the inspection. We used this information to inform our overall judgement of this service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe. This meant there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management:

- We reviewed records related to premises safety and equipment. We looked at safety certificates related to two passenger lifts. These safety certificates are commonly known as Certificates of Thorough Examination and are a legal requirement under Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
- Periodic checks had been completed by an external lift engineering company and examination reports had been given to the provider. In the file held on the premises, we examined LOLER certificates for 19 December 2016 and 19 June 2017, no other LOLER certificates were held on file.
- We asked the registered manager to provide us with the full LOLER certification history from December 2016 onwards, but these could not be provided to us whilst we were on-site.
- Following our inspection, a complete record of LOLER certificates was sent to us spanning the period December 2016 to December 2018. In each of the LOLER certificates, including the ones we had examined during the site visit element of our inspection, we found a repetition of the same Category B faults.
- Industry standard best practice guidance is clear in stating that Category B faults require corrective action to be taken 'as soon as reasonably practicable' with a timeframe to rectify faults described as the maximum periods between each examination. Given the fact the faults spanned a period from 2016 until our inspection visit, we considered the provider had not acted within a reasonable time frame to rectify the faults that were known to them.
- Following our inspection, the provider submitted evidence to demonstrate the faults had been rectified.

We recommend the provider consults industry standard best practice guidance for the management of LOLER.

- During day two of inspection, we found a communal bathroom and toilet being used as an equipment store and was cluttered with wheelchairs and hoists.
- We observed a care assistant support a person to use these facilities, and then leave the door unlocked afterwards. The bathroom door was observed to remain unlocked and there was no signage displayed to indicate the bathroom and toilet was not in use. This posed a potential trip and falls hazard to people living at the home.
- In respect of all other areas of health and safety associated with premises and equipment, checks had been completed on a regular basis and appropriate records were maintained.
- Environmental risk assessments were in place for the buildings and premises, including control measures which sought to mitigate any potential risks. During this inspection, we spoke with the registered manager and regional operations manager about the environmental risk assessments including all outside spaces that were accessible to people living at the home.

- Individual risks associated with the delivery of care and support continued to be recorded via an electronic care records system. Risk assessments continued to be reviewed regularly and in response to a specific event. Through handheld devices linked to the electronic care records, staff had access to real time information about a person's risk assessment at the point of care.

Using medicines safely:

- During this inspection we looked at ten people's medication administration records (MARs) and spoke with the registered manager, a support worker and two nurses who were responsible for administering medicines.
- We observed some people being given their medicines and staff gave these in a compassionate way, ensuring each person had taken all their medicines before recording on the MAR. We observed time specific medicines being given at the correct time.
- When medicines were to be given in the form of a cream or ointment or via a patch, additional information was available to help staff give these safely. Information to guide staff how to give 'when required' medicines was detailed and person centred. However, this information was not always available for some medicines.
- We looked at records for people who received their medicines disguised in food or drink. We saw documentation which stated this was in their best interest and there was information from a pharmacist to instruct care staff how to administer each medicine without reducing its effectiveness.
- A number of people were prescribed a powder to thicken their drinks due to swallowing difficulties. It was not clear from records made when the thickener was used.
- Storage of medicines including controlled drugs was secure. Controlled drug stock balances were checked regularly. We checked a sample of medicines and the balances were correct.
- Temperatures were monitored regularly to ensure medicines were stored in accordance with manufacturer's guidance.
- We looked at the records for seven staff responsible for administering medicines and their competency assessments were up to date. Regular medicine audits were completed but they had not identified the issues we found during this inspection.

We recommend the provider consults national best practice guidance for the management of medicines within a care home.

Learning lessons when things go wrong:

- Since our last inspection, the provider had implemented a new approach to the management of accidents, incidents and untoward events. Improvements included how risks were assessed and mitigated as part of the pre-admission assessment, improved communication between staff across all areas of responsibility within the home, improved post-incident recording and follow-up actions, and improvements to overarching audit and analysis.

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

- Policies and procedures for safeguarding and whistleblowing within the service were up-to-date and operated effectively. All the staff we spoke with knew and understood their responsibilities to keep people safe and to protect them from harm.

Staffing and recruitment:

- In the sample of recruitment records we reviewed, we found safe recruitment practices had been followed. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS).
- We checked how the provider ensured registered nurses who worked at the service maintained their registration. We saw the service kept a record of nurses' Nursing and Midwifery Council (NMC) PIN numbers

and when their revalidation was due. Records showed all the registered nurses who worked at Timperley Care Home were registered and had a valid PIN.

- We reviewed staffing levels and noted since the last inspection there had been an overall increase. On day two of inspection we arrived early to speak with night staff. Feedback from night staff was positive about the increase in staffing levels at night.
- We received mixed feedback when we asked people about staffing levels. Comments included: "I think they need more staff, especially at the weekends."; "Staffing levels have improved, they seem much better than they were."; "Not enough staff about at all. When I use my call bell it can vary greatly in the time they answer."; and, "Staffing is much better since [registered manager] arrived."

Preventing and controlling infection:

- We found the home to be visibly clean throughout. Cleaning schedules were in place and staff understood their roles and responsibilities for the prevention and control of infection.
- The most recent external audit completed by the NHS community infection control team had awarded the service an overall score of 80 percent.
- Following the most recent food hygiene inspection, the service had been awarded a top score of 'five' which meant hygiene standards were very good.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Where people lacked capacity to make specific decisions about their care and support, we saw that an assessment would be completed and decisions made were always in a person's best interest's and in the least restrictive way.
- If staff expressed concerns about a person's mental capacity, this would be discussed in a multi-disciplinary meeting and where appropriate, referrals made to the most relevant agency. Outcomes of best interest decisions were fed into the care plan and we saw examples related to the use of bed rails and protective 'bumper' covers and for covert medication.
- Robust records relating to DoLS were maintained. This included a matrix of DoLS applications which had been made to the local authority, information about who had an authorisation in place and whether this was a standard authorisation or not.

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

- Assessments of people's needs were integrated into the electronic care records system, expected outcomes were identified and care and support was reviewed when required.
- Staff continued to develop their skills in supporting people living with dementia and used learning from best practice. We discussed with the registered manager about the importance of ensuring all staff employed at Timperley Care Home having access to dementia training on an ongoing basis.

Staff support: induction, training, skills and experience:

- Newly recruited staff received an induction and competency checks were completed before they worked unsupervised.
- Training was delivered through a combination of face to face and e-learning. The vast majority of people we spoke with told us they felt training was sufficient to meet the needs of people living at the home. Comments included: "They are well trained, whenever anyone gets agitated on the dementia unit, they have

techniques for diffusing situations and diversion tactics." "My relative requires hoisting, this is always carried out by two people and in the correct manner. They speak to them and tell them what they are doing as they carry out their actions."; and, "Agency staff are not as well trained as permanent staff. They don't know the residents and some do not know how to deal with me."

- Staff spoke positively about one to one supervision sessions but some staff felt more notice of the meeting would be beneficial so they could better prepare for the supervision. For example, staff told us their line manager would often tell them on the same day that they were going to have a supervision session. We raised this with the registered manager and they agreed it would be beneficial if more time was given to staff.

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

- At the last inspection, the mealtime experience on the ground floor was poor. At this inspection, we found improvements had been made which meant people received their meal in a timely manner and an appropriate level of support was provided by staff. During this inspection, we noted the deployment of staff was not always effective during mealtime service on the first floor. We raised this with the registered manager and immediate action was taken to rectify this issue. We were assured this was not a regular occurrence and historical mealtime audits supported this.
- More widely, people's dietary needs were met, including cultural or religious preferences, and food was also presented according to a person's assessed needs. For example, the correct texture they needed to reduce the risk of choking.
- Choice was offered and alternative options were provided. People could also choose where they wanted to have their meals.

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

- At the time of this inspection the home had recently undergone redecoration and new furniture items had been purchased. The main lounge areas were homely and well presented.
- We saw that work was ongoing to ensure the environment was supportive for people living with dementia and memory problems. The registered manager provided a high level of assurance that this work would be completed soon and would include new wayfinding signage and pictures, images and artefacts that were 'dementia friendly.'
- Prior to this inspection, CQC had been contacted by a number of relatives who raised concerns about a proposal the provider had made to relocate the ground floor unit up to the first floor. As the ground floor is dedicated to caring for people living with dementia, families were concerned about the impact this might have on their relatives' wellbeing and the fact the garden and outside space would not be as easily accessible. We shared these concerns with the provider and with local commissioners and at the time of this inspection, the planned move had been postponed. We talked with the registered manager and regional operations manager about the importance of proper, meaningful consultation and an assessment of likely impact on people living at the home, should any such move be considered again in future.

Staff providing consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- The electronic care plan system was used to good effect. Planned and responsive care interventions were recorded in real time and alerts were flagged if an intervention had been missed. This was a useful tool in helping staff to deliver consistent and timely care.
- Staff were effective at identifying concerns early and where appropriate, timely referrals were made to a range of external agencies. People also had ongoing routine access to primary medical care through their own GP and a range of health care professionals.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence:

- People told us they considered staff to be caring and that they were well looked after. Comments included: "Yes in general they are kind and patient."; "Some lovely staff here and they treat me well."; "Fantastic staff, local caring staff. They treat all the residents with patience and kindness."; and, "Staff are lovely to my relative, very tactile and caring."
- Over recent months, 'cuddle day' had been introduced. The aim of cuddle day was to introduce appropriate physical human contact that sought to improve wellbeing and to reduce levels of stress and anxiety. The approach to cuddle day was professional and person-centred and staff had identified those people who may not be receptive to this kind of physical contact. However, during the inspection, we observed at first-hand the immediate positive impact this had on people's wellbeing.
- At the last inspection we made a recommendation around the providers approach to equality, diversity and human rights. At this inspection, whilst we noted no progress had been made in this area, we accepted that the recent changes of management meant some aspects of service improvement and development had not materialised. Shortly after the inspection, the regional operations director submitted an action plan which clearly outlined how this work would be progressed.
- Staff continued to provide care and support in a non-discriminatory way and the needs of individuals from different groups would be met.

People were treated with kindness and care was delivered in a dignified and respectful way. Comments from people included: "I'm only able to have a bed bath but they treat me respectfully at all times."; "The staff always treat [relative] with dignity and respect. They hoist [relative] from bed to chair and it seems to be done very caring and professionally."; and, "They always take [relative] somewhere private to change him and ask me to step outside. They always tell [relative] what they are doing even though [person] have no understanding."

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

- People were involved with planning their care and support and we saw that where possible, people and their family members or people who knew the person well, had been consulted.
- Where necessary, people were supported to access advocacy services. We saw several examples of how independent advocacy workers had been used to support people in making decisions where there was no immediate family. This demonstrated the service ensured people's views were considered before important decisions were made.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care and support planning was integrated into an electronic care records system. This was being used to good effect in terms of staff providing a responsive level of care that was clearly aligned with a person's individual electronic care record. Alerts were automatically generated if a particular task had not been completed. For example, hourly turns for pressure relief or recording of food and fluid intake.
- We spoke at length with one member of staff about the ongoing work taking place to ensure the electronic care records were person-centred and updated to accurately reflect people's personal preferences.
- Staff understood people's information and communication needs and this was incorporated into their care plan. Information about communication support needs was also captured during the pre-admission assessment.
- The activity coordinators were an integral part of the team in helping to ensure care and support was delivered in a meaningful person-centred way that took account of a person's individual life story, likes, dislikes, interests and hobbies. Once an activity coordinator had gathered such information, this fed into the overall care planning process.
- The activity programme was organised so that sufficient time was allocated to delivering personalised one-to-one sessions and group activities. There was an emphasis on activities that sought to promote wellbeing and included relaxing pamper sessions, an exercise group, and the reading and poetry club.
- During the inspection, we observed a group music session taking place with people playing instruments and singing, some people also chose to get up and dance with members of staff. It was evident from the broad smiles and lots of laughter this was a joyous activity that people clearly enjoyed taking part in.

End of life care and support:

- Timperley Care Home was accredited to deliver end of life care through the 'six steps to success' programme. The programme aims to enhance end of life care through facilitating organisational change and supporting and educating staff to develop their roles around end of life care. This meant people could be assured end of life care would be delivered to nationally recognised quality standards by staff who were skilled and competent to do so.

Improving care quality in response to complaints or concerns:

- The registered manager operated an 'open door' policy which meant people were encouraged to raise any concerns at the earliest possible opportunity.
- People told us they felt confident in raising concerns and that they would be taken seriously.
- The provider had a complaints policy and information about how to make a complaint was readily available throughout the home.
- The registered manager maintained a complaints log which detailed the nature of the complaint, outcomes and action taken.

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.

Aspects of service management and leadership was inconsistent. Some regulations may or may not have been met.

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

- The service had systems and checks in place for audit and quality assurance. However, the issues identified in the 'Safe' section of this report, demonstrated these were not always operated effectively.
- At the time of this inspection, the registered manager had been in post since September 2018. Whilst we acknowledge their appointment had been a positive one, the regulatory history of the service demonstrated people living at the home had not benefited from the stability and continuity of a registered manager remaining in post for more than a year. Furthermore, the provider and registered manager had not demonstrated a period of sustained improvement over time.
- It is a legal requirement that providers display the rating they received at their last inspection, within the home and on their website if they have one. The rating of 'requires improvement' from our last inspection was clearly displayed in the foyer to the service and also on the providers website.

Engaging and involving people using the service, the public and staff; Working in partnership with others:

- The home had established a number of links within the local community. This included a local nursery group that visited at various times during the course of a year like Easter and Christmas and people of faith were able to participate in weekly religious services. The home had also started to build a relationship with the local community centre by exploring ways in which a gardening club could be set up.
- The registered manager also told us about plans to expand the use of volunteers across the home as a number of people from the local community had expressed an interest in volunteering. However, this initiative was pending all relevant checks being completed and a volunteering strategy being implemented.
- The registered manager acknowledged there was further scope for the home to actively seek new ways in which it could work collaboratively and in partnership with others and be more outward facing. However, through our discussions with the registered manager, we acknowledge their view on the importance of getting the basics right first, before moving on to other new initiatives.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility when things goes wrong; Continuous learning and improving care:

- Daily multi-disciplinary meetings (MDT) were held with staff attending from each department across the home. Part one of the meeting was to discuss operational issues and was attended by admin, housekeeping, maintenance and catering as well as nurses and carers. Part two of the meeting was dedicated to solely discussing nursing and care related issues. As this part of the meeting was conducted on

a confidential basis, non-care staff would leave the meeting at this point.

- During the inspection we observed an MDT meeting and saw these were highly effective in addressing operational and care related issues in a timely way and for staff to be clear about their respective roles and responsibilities. It also enabled the registered manager to maintain a good level of operational oversight.
- Staff told us the new registered manager had been effective since their appointment. Positive changes had started to take effect and the majority of staff said they felt valued and were able to contribute ideas for continuous improvement.
- Staff told us, and we saw records to show that staff meetings took place on a regular basis.
- The registered manager and deputy manager were highly visible around the home and proactively supported staff and positively engaged with people living at the home and their relatives.
- The registered manager and deputy sought to promote a culture and ethos of openness and transparency. Staff told us they were not afraid to speak up when things went wrong, and people were keen to learn lessons to reduce the likelihood of negative events occurring again in future.