

Turret Villa Retirement Home Limited

Turret Villa Retirement Home

Inspection report

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Berwick Upon Tweed
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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Turret Villa Retirement Home in September 2015. We identified a breach of regulation 12, safe care and treatment in relation to the management of medicines. We rated the service as good.

Turret Villa Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 35 people. There were 24 people living at the home at the time of the inspection.

A registered manager was in post. 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.

We found continuing shortfalls in the management of medicines. Risks relating to the premises and equipment had not always been assessed.

Safeguarding procedures were in place. No one raised any safeguarding concerns. Systems to monitor people's monies however, were not always documented.

There were sufficient staff deployed. Staff carried out their duties in a calm unhurried manner. Recruitment checks were carried out prior to staff working at the home to ensure they were suitable to work with vulnerable people.

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. We found omissions in the maintenance of records relating to the MCA. People told us consent was sought before care was carried out. However, records were not always maintained to evidence this or to demonstrate that staff had followed the principles of the MCA.

There were omissions and shortfalls in the maintenance of records relating to people's care. We did not identify any major impact of these omissions and shortfalls upon people's health, safety and wellbeing. People told us they received good care. However, we considered that an effective system was not fully in place to ensure people's care plans were accurate and reflected their needs.

People told us they were generally satisfied with the meals at the home. Some of the gentlemen told us that larger portions would be appreciated. We observed the lunchtime experience and saw that staff were attentive to people's needs.

Staff worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GPs, speech and language therapist, dietitians, the chiropodist and dentist.

We found that not all aspects of the environment met best practice guidance relating to supportive environments for people living with dementia. We have made a recommendation about this.

People, relatives and health and social care professionals told us that staff were caring. Many of the staff had worked at the home for a considerable number of years. This meant that people were supported by staff who knew them well and could respond in a person centred way.

People living at the home had formed friendships with each other. Staff supported these friendships.

People told us they were encouraged to be as independent as possible and were able to move around the home freely. Several people self-administered some of their medicines. One person enjoyed getting a taxi to visit their relative in Berwick.

People and relatives told us that staff promoted people's privacy and dignity. We observed that staff knocked on people's doors before they entered and spoke with people respectfully.

We found shortfalls in certain aspects of the service. This included omissions in the monitoring of health and safety, medicines, people's monies, the MCA, training and care plans. These issues had not been highlighted by the provider's quality assurance system. Despite these issues, we did not identify any major impact upon people's health, safety and wellbeing. People and relatives were very positive about the care home.

Staff told us they enjoyed working at the home. We observed that this positivity was reflected in the care and support which staff provided throughout the inspection.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to good governance.

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.

There were continuing shortfalls in the management of medicines. Risks relating to equipment and the premises had not always been assessed.

Safeguarding procedures were in place. No one raised any safeguarding concerns. Systems to monitor people's monies were not always documented.

We did not identify any major impact of these omissions and shortfalls upon people's health, safety and wellbeing. However, we considered that an effective system was not fully in place to monitor people's safety.

There were sufficient staff deployed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

We found omissions in the maintenance of records relating to the Mental Capacity Act 2005. We also found shortfalls in the maintenance of records relating to people's care.

We did not identify any major impact of these omissions and shortfalls upon people's health, safety and wellbeing. However, we considered that an effective system was not fully in place to ensure accurate care records were maintained.

Staff worked with various agencies and accessed other services when people's needs had changed.

Requires Improvement ●

Is the service caring?

The service was caring.

People, relatives and health and social care professionals told us that staff were caring.

Many of the staff had worked at the home for a considerable

Good ●

number of years. This meant that people were supported by staff who knew them well and could respond in a person centred way.

People living at the home had formed friendships with each other. Staff supported social interactions between people.

People's privacy and dignity was promoted and they were involved in their care.

Is the service responsive?

Good ●

The service was responsive.

People, relatives and health care professionals told us that staff were responsive.

Care plans contained information about people's life histories which had been developed with people and their relatives. People were able to decide how they wanted to spend their day. They told us their choices and wishes were respected.

There was an activities programme in place. An external activities coordinator visited twice a week.

There was a complaints procedure in place. No formal complaints had been received. People and relatives said they had no complaints about the service.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

We found shortfalls in certain aspects of the service. This included omissions in the monitoring of health and safety, medicines, people's monies, MCA, training and care plans. These issues had not been highlighted by the provider's quality assurance system.

Despite these shortfalls and omissions, we did not identify any major impact upon people's health, safety and wellbeing. People and relatives were very positive about the care home.

Staff told us they enjoyed working at the home. We observed that this positivity was reflected in the care and support which staff provided throughout the inspection.

Turret Villa Retirement 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 was planned to check 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.

The inspection took place on 7, 8 and 9 February 2018. The first visit to the service was unannounced. The other visits to the service were announced.

The inspection was carried out by one adult social care inspector.

We did not request a 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.

Prior to the inspection, we reviewed information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We contacted Northumberland commissioning and safeguarding teams and a reviewing officer from Scottish Borders local authority. We also contacted Northumberland Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with the registered manager, deputy manager, a senior care worker, four care workers, a chef, a housekeeper and the activities coordinator. We also spoke with two members of night staff by phone to find out how care was delivered at night.

We spoke with 12 people and two relatives to obtain their views about the service. We also spoke with two GP's, a member of the district nursing team, an infection and control practitioner, a medicines management technician from the local NHS Trust, a technical officer from the local authority and a reviewing officer.

We observed the care and support staff provided to people in the communal areas of the home and during the lunchtime meal. We looked at the care plans and records for four people. We also viewed other documentation, which was relevant to the management of the service including quality monitoring systems and training records.

Is the service safe?

Our findings

At our previous inspection in September 2015, we identified a breach relating to medicines management. We rated this key question as requires improvement. At this inspection, we found continuing shortfalls with the management of medicines.

There was a lack of guidance about how medicines should be administered. Care plans did not always record the support which people required. In addition, individual guidance about the administration of 'as required' medicines was not always available. 'As required' medicines are those given when needed for a specific situation, such as intermittent chest pain, constipation, or pain.

We looked at the process for the application of topical medicines such as creams and ointments. There was a lack of written guidance about how these should be administered. Body maps were not used and medicines administration records sometimes stated, "Use as directed." Staff had not always recorded the date of opening on topical medicines. These omissions meant we could not be sure that topical medicines were being appropriately managed.

Records of medicines received into the home were not always documented; In addition, quantities of medicines being carried forward from one month to the next were not consistently recorded. These omissions meant that records were not fully available to give an accurate audit trail of medicines management at the service.

Several people self-administered some of their medicines. We saw that one person's medicines were stored in an unlocked case. This was a health and safety risk. One of their topical medicines expired in November 2017. It was not clear what systems and checks were in place to ensure people who self-administered their medicines, were taking these as prescribed.

Audits were carried out to monitor medicines management. However, these did not monitor all areas of medicines management.

We did not identify any major impact of these omissions and shortfalls upon people's health, safety and wellbeing. People told us they received their medicines as prescribed. Comments included, "I get my pills on time – they remember, I would forget" and "They are good with medicines, they never forget." However, we considered that an effective system was not fully in place to ensure medicines were managed safely.

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

Following our inspection, the registered manager wrote to us and stated that they were working with a medicines management technician from the local NHS Trust to address all the shortfalls we identified.

People told us they were happy with the premises and the cleanliness of the service. Comments included,

"I've got a nice room," "It's definitely no [not] minging [dirty]" and "I stay in my room a lot – it's lovely."

We spent time looking around the premises. We found that certain risks had not been assessed. The kitchen and laundry were unlocked. These rooms contained hazardous equipment and substances which people could access. There were several unoccupied rooms on the first floor and a self-contained flat on the third floor, all of which were used to store furniture, equipment and records. Not all windows had been fitted with window restrictors; however, most of the seals had been painted over and could not be opened. These rooms were all unlocked. This was a health and safety and data protection risk since records were stored in some of these rooms.

The registered manager told us that certain checks were carried out to monitor and reduce the risk of Legionella. Infection by Legionella bacteria causes Legionnaires' disease which is a serious form of pneumonia. Legionella bacteria are dormant below 20°C and do not survive above 60°C. Annual water sampling was undertaken to ensure Legionella bacteria were not present in the water. However, records to evidence other water safety checks were not available. In addition, a Legionella risk assessment had not been completed.

Staff used personal protective equipment such as gloves and aprons. We found however, that there was a lack of up to date guidance regarding infection control measures for one person. There was a sluice room for the disposal of bodily waste and cleaning of continence equipment. We noticed however, that there was a lack of shelving to dry and store equipment such as commode pots.

Checks were carried out to ensure the safety of mobile moving and handling hoists. We noted however, that there were no recorded checks of the bath chair to ensure its safety. One person had bed rails in place. These were correctly fitted and bed rail bumpers [cushions] were in place to reduce the risk of entrapment and injury. However, a risk assessment and documented safety checks were not available to evidence the safety measures which were in place.

A health and safety audit had not been carried out to monitor the health and safety of equipment and the premises and identify any risks.

We did not identify any major impact of these omissions and shortfalls upon people's health, safety and wellbeing. However, we considered that an effective system was not fully in place to ensure the safety of the premises.

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

Following our inspection, the registered manager wrote to us and stated, "Meeting arranged with [name of external health and safety consultant] on 26 February 2018 to commence health and safety audit/risk assessment throughout the home and to produce a full health and safety and risk assessment pack." He also told us that action had been taken to address the other shortfalls we identified.

Most people, relatives and staff told us that sufficient staff were deployed. Some people and staff told us that more staff would be appreciated. One person told us, "An extra staff member floating about would make all the difference."

We observed that people's needs were met by the number of staff on duty. Staff carried out their duties in a calm unhurried manner.

People told us they felt safe. There were safeguarding procedures in place. There were no ongoing safeguarding investigations. This was confirmed by the local authority's safeguarding adults team.

We checked the arrangements in place for dealing with people's monies. The administrator told us that checks of people's monies were carried out. However, records were not maintained of these audits.

One member of staff told us that she had access to one person's bankcard and personal identification number so they could withdraw money from the bank for them. The member of staff told us what actions they took to ensure the safety of the person's money. These included taking a second member of the staff to the bank to witness the withdrawal, and getting a bank receipt. We noted however, that there was no care plan, risk assessment or consent form in relation to the safe management of the person's money. A policy was not available on the management of people's money and finances at the home.

We considered that an effective system was not fully in place to monitor people's monies.

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

Risk assessments were in place. These covered areas such as moving and handling, malnutrition and falls. We noted however; that some were generic and not always specific to people's individual needs.

Recruitment checks were carried out prior to staff starting work. These included obtaining a Disclosure and Barring Service [DBS] check and two references. These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people. Interviews were carried out to assess prospective applicants' suitability for the role. We noted however, that records of interviews were not kept. Interview records are important to demonstrate that employers have followed best practice guidelines in relation to equal opportunities and have not discriminated against prospective applicants.

We have rated this key question as requires improvement at our last two inspections. This meant the provider had not ensured good outcomes for people in this area.

Is the service effective?

Our findings

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 make 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.

The authorisation procedures for this in care homes and hospitals are 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 were being met.

One person had a DoLS authorisation in place. A second DoLS application had been sent to the local authority for authorisation.

A DoLS checklist was in use to ascertain whether people's plans of care amounted to a deprivation of liberty. However, this had not been updated following the Supreme Court judgement in March 2014. The Supreme Court referred to the 'acid test' that people were deprived of their liberty if they were under continuous supervision and control, not free to leave, and lacked the capacity to consent to these things. This meant there was a risk that DoLS assessments did not accurately assess whether people's plan of care amounted to a deprivation of liberty to ensure people were not being unlawfully deprived of their liberty.

People told us consent was sought before care was carried out. However, records were not always maintained to evidence this or to demonstrate that staff had followed the principles of the MCA.

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

We checked how people's needs were assessed. There were omissions in the maintenance of records relating to people's care.

The registered manager told us that a preadmission assessment was carried out before people came to live at the home to ensure they could meet their needs. There was no evidence however, of these assessments. One person was staying at the home on a short-term basis for respite care. The registered manager told us the person had been admitted to the home a week before our inspection. We found there were no care plans or risk assessments in place to instruct staff on their care needs.

We examined care plans and noted there were some omissions and inaccuracies. Information relating to people's medical conditions was not always detailed and changes in people's care had not always been updated. Care plan reviews were carried out. However, staff did not review each care plan individually; they completed a summary of the person's care over the month. We noted that this process meant that some

care plans and needs were not reviewed.

We did not identify any major impact of these omissions and shortfalls upon people's health, safety and wellbeing. People told us they were well cared for. However, we considered that an effective system was not fully in place to ensure people's care plans were accurate and reflected their needs.

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

Staff said there was sufficient training. People, relatives and health and social care professionals spoke positively about the skills of staff. Comments included, "Yes they know what they are doing," "They are totally on the ball" and "It's absolutely fabulous here. The staff are very clued up and are very adept at knowing what's wrong."

We saw that most staff had completed MCA and DoLS training in 2011 prior to the Supreme Court judgement and changes in practice. We found omissions in the maintenance of records relating to the MCA. We also found shortfalls in the management of medicines. We noted that medicines competency checks had lapsed. These had not been carried out since 2015. In addition, it was not clear what areas had been assessed during the check. Staff administered some people's medicines via injection. Staff told us they had been assessed as competent by district nursing staff. There was no evidence however of these competency checks.

There was a supervision and appraisal system in place. Supervision and appraisals are used to review staff performance and identify any training or support requirements. Staff told us they felt supported. We were unable to find any supervision or appraisal records for one member of staff who had worked at the home for two years.

Following our inspection, the registered manager wrote to us and stated that they were looking into MCA update training for all staff and competency checks had been updated. A supervision and appraisal matrix had been put in place to ensure all staff were allocated a supervisor to carry out their supervision and appraisals.

Whilst we were satisfied that action had been taken to address the shortfalls identified. We considered an effective system was not fully in place to monitor staff training and support systems to ensure staff were suitably trained and supported.

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

We checked whether the design and décor of the premises met the needs of people. People told us they enjoyed the 'homely' environment. A summerhouse had been built at the rear of the home. This was fully accessible for all people who lived there. The registered manager told us they were looking at installing electricity so it could be used all year round.

There were several people living at the home with a dementia related condition. Not all aspects of the environment met best practice guidance relating to supportive environments for people living with dementia. There was limited signage to help orientate people.

Whilst we recognised that this did not have a major impact on people living at the service at the time of the

inspection, we recommend that the provider reviews the design and decoration of the premises to ensure it is based on current best practice in relation to the specialist needs of people living at the service.

Following our inspection, the registered manager wrote to us and stated that they were going to look at the environment, including the signage to ensure it met best practice guidance.

People told us they were generally satisfied with the meals at the home. Comments included, "The food is very good." A relative commented, "[Name of staff member] goes out of their way to make sure they eat." Some people told us however, that they considered meals and portion sizes could be improved. We passed this feedback to the registered manager for their information.

We observed the lunchtime experience on the third day of our inspection. We saw that staff were attentive to people's needs. Some people told us the dining tables were not always set with condiments and they often had to ask for salt or vinegar. We spoke with the registered manager who told us that this would be addressed.

One person had been assessed as requiring a fork mashable diet because of swallowing difficulties. We noticed they were given chips on the third day of our inspection. The chef explained that they chose to eat chips. Whilst the person had the capacity to choose and understand the consequences of their food choices upon their health; this risk had not been documented or discussed with the speech and language therapist.

Nutritional risk assessments were carried out. One nutritional risk assessment however, was based on a hospital setting. Some of the timescales for action were not always in line with care home settings. For example, the risk assessment stated that people at low risk should be weighed weekly. People at the home were weighed monthly, not weekly which we considered adequate; however, this was not in line with the service's nutritional risk assessment. We noted that action was taken if weight loss was identified.

People told us they were supported to maintain good health and access healthcare services. Comments included, "They get the doctor for me if I'm poorly" and "If I need to see the doctor, they get the doctor." We spoke with a GP who said, "I come in every week and every person has an emergency healthcare plan." They also commented, "One person is prone to urinary sepsis. There is an emergency health care plan in place. [When they developed symptoms of urinary sepsis] staff did exactly what the plan said."

We saw evidence that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GPs, speech and language therapist, dietitians, the chiropodist and dentist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were met to maintain their health.

Is the service caring?

Our findings

People and relatives told us about the caring nature of staff. Comments included, "The staff are nice – they are good to me," "The staff are all nice without exception," "I'm well looked after," "The staff are gorgeous," "Very kind and caring," "They go the extra mile," "We [person and staff] get on very well together," "They look after me very well," "You can tell they care," "She sees the staff as friends – it's beyond care" and "Last January [name] fell and broke their hip. [Name of registered manager] visited them in Berwick hospital nearly every day."

We also found staff to be friendly and helpful during our inspection. Staff spoke in a caring and respectful manner about the people they supported. They talked about caring for people like members of their family. One staff member told us, "I treat everyone as I would my granny or mum." We asked staff if they would be happy for a friend or relative to live at the home. All confirmed they would. We spoke with one relative who used to work at the home. Their family member now lived at the home. They told us, "I wouldn't have wanted her to come here if I had any doubts about the care."

Many of the staff had worked at the home for a considerable number of years. This meant that people were supported by staff who knew them well and could respond in a person centred way.

Staff spoke enthusiastically about ensuring people's needs were at the forefront of everything they did. Comments included, "It's important to have a laugh, if they are down, giving them a wee [little] hug helps," "I really like it here – it's the residents who make it... They get good care" and "If I can makes them smile – I know that I am doing my job right" and "I go through and sit with them and sometimes have a little dance with them – it's the little things. I sit and talk and we have a laugh."

Friends and relatives were able to visit any time. They informed us they were always made to feel welcome. Comments included, "The warmth hits you when you walk in through the door" and "I can phone or visit at any time, all the staff are pleasant to me."

People living at the home had formed friendships with each other. Staff supported social interactions between people. Small groups of people chose to eat together and some of the men enjoyed congregating in the conservatory, "putting the world to right."

People's independence was promoted. They told us they were encouraged to be as independent as possible and were able to move around the home freely. Several people self-administered some of their medicines. One person enjoyed getting a taxi to visit their relative in Berwick.

People and relatives told us that staff promoted people's privacy and dignity. We observed that staff knocked on people's doors before they entered and spoke with people respectfully. There was a notice on one person's bedroom door regarding infection control procedures. This did not need to be displayed, as it did not promote the person's dignity. Following our inspection, the registered manager told us that this had been removed.

People and relatives told us they were involved in people's care. Comments included, "They involve me, everything is explained to me and I am invited to care reviews" and "I am phoned up if the GP has been or if anything has happened."

Is the service responsive?

Our findings

People, relatives and health care professionals spoke positively about the responsiveness of staff. Comments included, "I have no worries, - if you need anything they get it," "I think it's fabulous. I have 100% confidence from the minute she came in I felt she was in the right place" and "I am absolutely confident that everything is dealt with appropriately."

Care plans contained information about people's life histories which had been developed with people and their relatives. One-page profiles had also been developed with people and their relatives. This is a summary of what is important to someone and how they want to be supported. They can help to provide people with more person-centred care and support.

Information about people's choices was also available. People told us they were able to decide how they wanted to spend their day. We read one person's care file which stated, "Loves going out for walks with his family." This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life.

There was no one receiving end of life care at the time of our inspection. Information was available about people's end of life wishes. We spoke with a health care professional who told us, "We had one person on end of life care and their care was second to none."

We received mixed feedback from people about activities provision at the home. Comments included, "Oh yes – there's enough going on," "There's too much – they're on a hiding to nowhere sometimes, because people, just don't want to join in" and "There is a lot of things going on, but I can't be bothered." Several people told us however, that more activities would be appreciated and more visits into the local community. We passed this feedback to the registered manager for their information.

An external activities coordinator visited twice a week to carry out activities. She carried out group activities such as quizzes, arts and crafts, music and reminiscence therapy. Activities were also organised by staff as part of their usual role. People's spiritual needs were met. Church services were held. We spoke with a church representative who visited the home regularly. He told us, "They make every effort to bring people to the church service."

There was a complaints procedure in place. No formal complaints had been received. People and relatives said they had no complaints about the service. Meetings for people and relatives were also held to obtain their views.

Is the service well-led?

Our findings

We found shortfalls in certain aspects of the service. This included omissions in the monitoring of health and safety, medicines, people's monies, MCA, training and care plans. In addition, we found shortfalls in the maintenance of records relating to these areas. These issues had not been highlighted by the provider's quality assurance system.

Care plan audits were carried out. It was not clear however who had completed these or when they had been undertaken. Medicines audits did not monitor all areas of medicines management such as the receipt of medicines or those medicines which people self-administered. The administrator informed us that checks were carried out on people's monies. However, these audits were not documented. Health and safety audits had not been undertaken.

The registered manager told us that he kept the provider informed of events and changes at the home. There was no evidence however of these updates or the provider's involvement.

Following our inspection, the registered manager wrote to us and told us what actions they had taken to address the issues we had identified. Although we were satisfied that action was being taken to address the concerns we had found, we considered an effective system was not in place to monitor the quality and safety of the home.

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

Despite the above shortfalls and omissions, we did not identify any major impact upon people's health, safety and wellbeing. People and relatives were very positive about the care home. Comments from people and relatives included, "I think it's the best home in Berwick," "I would rate it good with a few improvements," "To me it's just like living at home," "I would rate it good plus, even towards outstanding," "I always describe it as a hotel for older people," "I thoroughly enjoy living here, the service is good, the food is good and the staff are good" and "It's like a well-run hotel and the room service is good." Health and social care professionals were also complimentary about the home. One commented, "This is a nice home with a super feel."

People and relatives told us they liked the homely environment. Staff were friendly and relaxed, and people told us they were happy. A health professional told us, "The staff are always happy and relaxed – they are fab."

Staff told us they enjoyed working at the home. Comments included, "It's lovely, it's a beautiful atmosphere – the staff are happy. It doesn't feel like a job," "It's a great atmosphere – a lot of us have been here a long time which is good," "I wouldn't work here if I didn't love it" and "The Turret has a good reputation – I am proud to say I work here."

We observed that this positivity was reflected in the care and support which staff provided throughout the inspection. Staff responded positively to any requests for assistance and always sought to be complimentary when speaking with people.

Meetings were held for people, relatives and staff to involve them in the running of the service. The registered manager told us that surveys were also undertaken. He was unable to find the results from the previous year. He gave us a copy however, of the service's development plan for 2017-18. This documented the actions that had been taken and those that were planned to ensure ongoing improvements. These included a rolling refurbishment programme, ongoing staff training and activities provision.

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 There were shortfalls and omissions in certain aspects of the service. This included omissions in the monitoring of health and safety, medicines, people's monies, Mental Capacity Act 2005, training and care plans. There were shortfalls in the maintenance of records relating to these areas. These issues had not been highlighted by the provider's quality assurance system. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).