Care Quality Commission

Torr Home Limited

Torr Home

Inspection report

The Drive ,
Plymouth,
Devon,
PL3 5SY
Tel: 01752 771710
Website: www.torrhome.org.uk

Date of inspection visit: 15 December 2014
Date of publication: 01/05/2015

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?	**Good**

Overall summary

The service provides accommodation, personal care and nursing care for up to 60 predominantly older people. At the time of our inspection there were 43 people using the service. The service consists of Torr home a nursing and residential care home and The Glentor Centre a specialist unit for up to 16 people living with dementia.

The service had a registered manager who was also a nurse. The registered manager was based in Torr Home but was responsible for the overall leadership of both units. 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 and associated Regulations about how the service is run.

The service's systems for recording the administration of medicines were not robust and therefore potentially unsafe. Medication Administration Records included gaps

Summary of findings

and where hand written additions had been made these had not been appropriately checked. Personal Items including jewellery and money had been stored inappropriately within medicine storage cupboards..

The staff team were well motivated but were lacking some skills and knowledge as they had not received appropriate training. The service did not have appropriate systems for the management of staff training needs and staff had not been provided with appropriate formal supervision.

Staff were unclear on local procedures for the safeguarding of adults and when asked were unable to locate contact information for the safeguarding authority.

People were well cared for and relaxed and comfortable in the home. Staff and managers knew people well and provided support with compassion. People told us, “the staff are very friendly” and, “I knew immediately this was the place for me and I’ve never regretted it. It’s very comfortable and the staff are very good”.

Care records generally were up to date, and provided staff with sufficient detailed information to enable them to meet people’s care needs. Daily records of care provided were detailed and accurately recorded details of care provided and activities people had engaged with.

The service’s risk assessment procedures were designed to enable people to take risks while providing specific guidance to staff on the support people required in relation to identified risks.

People enjoyed the varied range of activities available within the home and regular trips to local attractions. People told us, “There’s always something on in the afternoon” and staff said, “I am proud, we do good activities here”.

The service was clean, well decorated and odour free. In the Glentor Centre motion sensors were used to control lighting in corridors and communal areas. These arrangements were inappropriate as lights were regularly turned off by these sensors when people were sat in the lounge.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Overall, the service was not safe. The service's procedures for the management of medicines were not sufficiently robust.

Staff did not understand local procedures for the safeguarding of adults and were unaware of how to make referrals to local safeguarding authorities.

Recruitment procedures were safe and appropriate, pre-employment checks had been completed.

The risk management procedures were safe and there were sufficient staff available to meet people's care needs.

Is the service effective?

Requires Improvement

The service was not effective. Staff had not received sufficient training to meet people's care needs and had not received adequate supervision from managers.

In Glentor the lighting arrangements in communal areas were inappropriate and did not meet people's needs.

People's choices were respected but staff did not fully understand the requirements of the Mental Capacity Act.

Is the service caring?

Good

The service was caring. People told us staff were friendly and kind.

Staff and managers knew people well and provided support with compassion and respect.

People were supported to maintain relationships and continue interests that were important to them.

Is the service responsive?

Good

The service was responsive. People's care plans were detailed and personalised. These documents contained sufficient guidance for staff to enable them to meet people's care needs.

People were actively encouraged to engage with activities within the home and supported to visit local attractions and community events.

Is the service well-led?

Good

The service was well led. The registered manager had provided staff with appropriate leadership and support and the staff we spoke with were well motivated.

Quality assurance systems were appropriate. Accidents, incidents and complaints had been effectively investigated.

Torr Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 December 2014 and was unannounced. The inspection team consisted of three inspectors and one expert by experience.

The service was previously inspected on 29 May 2013 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the 12 people who used the service, five relatives who were visiting, ten members of care staff, the registered manager, the provider's Chief Executive Officer and two health professionals who regularly visited the service. In addition we observed staff supporting people throughout the home, visited a number of people in their rooms and completed a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also inspected a range of records. These included seven care plans, five staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Is the service safe?

Our findings

Everyone we asked told us they felt safe at Torr Home. Peoples' comments included, "I'm safe" and, "if I didn't feel safe I wouldn't be here." People's relatives also told us they believed people were safe, they said, "I think (the person) is well looked after" and "we picked the right home; it's more like a hotel."

We looked at the arrangements for the dispensing and safe administration of medicines in the home. The service used Medication Administration Records (MAR) charts to record when people had been provided with their medicines. We reviewed the MAR Charts in both Torr Home and Glentor and found there were numerous gaps in these records. This meant staff could not be sure whether the person had received their medicine as prescribed.

The service's medication policy stated that all hand written additions to MAR chart entries should be checked and signed by two members of staff to ensure their accuracy. We found that some hand written entries had only been signed once and others not signed at all. Where people had received "as required" medicines the homes records had not included sufficient information to establish why the medicine had been administered. This meant the service's systems for recording the administration of medicines were not sufficiently robust.

We found there were appropriate facilities available for the storage of medicines that require stricter controls by law. However, we found a number of medicines stored within these facilities had not been appropriately documented. In both Glentor and Torr Home personal items including jewellery and money had been stored in the medication cupboard. These items had not been appropriately documented and it was inappropriate to store people's personal items within the medicines cupboard.

The failures to follow good practice guidelines and the homes medication policy combined with the storage of inappropriate items within medicine storage cupboards represents a breach of Regulation 13 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 12(1) including Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

We observed staff dispensing medicines within the home. People were provided with their medicines at the correct times and were able to have their medicines brought to their rooms if they wished. Within people's care plans we saw staff had been provided with clear guidance on where medicinal patches should be located. The service had a current homely remedy policy which provided staff with guidance on when non-prescription medicines such as cough syrup and painkillers could be used within the home.

We asked staff what they would do if they thought someone was potentially being abused. Staff told us, "I would go to the manager or a senior" and "I'd see the nurse in charge or the manager." One member of staff was able to describe different types of abuse. All staff told us they would take it further if necessary. When we asked where outside the organisation abuse should be reported staff were unclear. Their comments included, "I'd have to go to CQC", "I'd speak to the Chief Executive Officer" and "If I had any concerns I'd document what they're talking about and if I thought they were in distress I'd go to the manager or CQC. I could go to the Police if necessary." None of the staff we spoke with were aware of the local council's role in the coordination and investigation of safeguarding issues.

We looked at the service's safeguarding policy and found that in the Glentor Centre staff had not signed to confirm they had read and understood the policy. The policy included an explanation of the council's role in relation to safeguarding of adults but did not include any contact information. None of the care staff or nurses that we asked were able to find the relevant contact information within the service and we noted there was an absence of safeguarding information posters in staff areas of the home. We raised this concern with the registered manager who then showed us that the relevant contact information was available in the entrance to the home.

Staff training records showed that only 13 of the service's 75 staff had completed recent safeguarding training. Although staff had not received appropriate safeguarding training they recognised this was needed, one member of staff told us, "We should have safeguarding training because people may disclose to us".

The provider's failure to provide staff with adequate training and information on local procedures for the safeguarding of adults exposed people to unnecessary risk

Is the service safe?

and represents a breach Regulation 11 of the Health and social care act 2008 (regulated activities) regulations 2010 [now Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with descriptions of the identified risk and specific guidance on how people should be supported in relation to each risk. For example, "please ensure I am in an upright position when eating and drinking as at risk of choking". Where professionals had provided guidance in relation to the management of people's care needs this had been well documented and fully explained to staff. The care plans included specific information leaflets for staff on how people's existing medical conditions affected their specific care needs.

Regular fire drills had been completed and all fire extinguishers had been regularly serviced. We observed staff reacted appropriately and in accordance with the service's procedures when the fire alarm was accidently sounded during our inspection. A fire safety audit had identified that a number of issues required improvements. A detailed action plan had been developed in response to these findings and we found that the service was making the necessary improvements within agreed timescales.

All lifting equipment within the home was in good condition and had been regularly tested and serviced. Electrical equipment had been tested annually to ensure its effective operation and regular water quality checks had been completed in accordance with the service's policies.

Both Torr Home and Glentor were clean and well maintained at the time of our inspection. Domestic staff were on duty in both parts of the service and appropriate cleaning schedules were in place. Peoples' relatives told us, "it's always clean" and "it's spotlessly clean, there's no smell".

Staff recruitment processes were robust. Disclosure and Barring Service records and references had been checked for all prospective new members of staff prior to their appointment.

Staffing levels at the service were based on assessments of people's dependency that had been completed and regularly reviewed as part of the homes care planning processes. In Torr Home on the day of our inspection one member of staff was unavailable due to sickness. People at Torr Home were generally happy with the support they received but four people commented that if a member of staff was off sick this lead to some delays in their care. Peoples' comments included; "If you want something in the middle of the night, they're here", "It's very good here, I've no complaints but they're in need of staff as there's always somebody sick and too much use of agency staff", "the staff here are very good but there's no-one come yet to dress me' and, "they could always do with a bit of help because some people need more help than I do." People told us that they waited on average 10 minutes for their call bells to be answered and sometimes felt anxious while waiting for assistance. We observed that it took over 10 minutes for staff to respond to a call bell rung by a person we were visiting.

We discussed current staffing levels with staff on duty at Torr Home. Staff reported that staffing levels were generally good but could be challenging when staff were off sick at short notice like today. Staff comments included; "normally first thing in the morning it's busy; today has been exceptionally busy" and, "we can be under pressure if someone phones in sick and we can't get anyone to cover". In relation to their response to call bells staff told us, "generally we're able to see to people immediately", "we respond immediately if we hear the bell" and, "sometimes we have to tell people 'I'm just with someone and will come back". Health and social care professionals who visited the service regularly told us, "I don't have any worries; it's a lovely home. I've never seen the staff stressed."

In Glentor Centre we found that staffing levels reduced from three care staff and a nurse on duty in the morning to two care staff and a nurse on duty in the afternoon with an additional three agency staff on duty throughout the day. These agency staff had been directly commissioned by the local authority to provide one to one support to three people. Staff in Glentor raised concerns with us in relation to staffing levels in the afternoon their comments included; "morning is ok, afternoon needs one more (staff) at least to cover meals and bedtime" and, "not enough staff, afternoon is a big issue". Although we found that at times people were having to wait for periods of time to be supported by staff, overall there were sufficient staff available in both Torr Home and Glentor to safely meet peoples' care needs.

Requires Improvement

Is the service effective?

Our findings

The majority of staff we spoke with were unsure of what training they had completed. One staff member told us they had only received fire safety training while others were able to list training courses they had completed including manual handling, health and safety, safeguarding and infection control. These staff commented, "It gives us the skills to do the job", "We get little booklets with training" and "I think we did some Dementia training once." One member of staff said, "We could ask for additional training if we thought it was appropriate."

At the time of our inspection there was no effective system in place to monitor the training staff had completed. It was not possible from the records available to establish what training individual staff members had completed and what additional training was required. This issue was discussed with the registered manager and after the inspection a full review of staff training records was conducted. This review identified that the training needs of nurses and team leaders had generally been met. However, the training needs of care staff had not been met. The service's review found that of the 24 care staff employed 11 required update training in manual handling procedures, 17 care staff required training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Also 18 care staff required training in infection control procedures and all care staff required safeguarding training. Fire safety training was required by 43 of the 75 employed by the service.

We asked staff in the Glentor Centre, a specialist dementia unit, what specific dementia training they had received. Staff reported they had received, "a basic bit at the beginning" but had not received specific dementia training. However, records demonstrated two staff from Glentor were due to receive specific training on providing mobility support to people with dementia in the new year. During our observations of care within Glentor staff demonstrated limited understanding of the individual needs of people living with dementia. For example we observed staff offering a shape sorting type puzzle to one person saying "here is a game" to play, the person looked at the offered puzzle, pushed it away and replied to the staff member, "That's not a game it's a toy".

Staff records also showed the service had failed to provide staff with appropriate supervision. The registered manager explained that a system had recently been introduced where nursing staff were responsible for supervising staff in their teams. Although most staff reported they were well supported by managers they recognised that they had not received appropriate formal supervision. Staff comments included, "I haven't had supervision for a while", "I don't think I've had an appraisal" and "I've had supervision once in the last two years". Staff were aware of the managers intention to reintroduce formal supervision and told us, "The nurse in charge was going to have 'so many' staff to do supervisions, but it's not in place yet".

The failure to provide appropriate training, formal supervision and annual appraisals to staff is a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2010 [now Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

The service had an induction procedure for new members of staff to introduce them to the service, its policies and procedures. The induction process included a two week period where staff shadowed experienced team leaders and staff prior to providing care independently. A recently appointed staff member told us, "I was able to shadow another member of staff" and explained that they had not been expected to provide care on their own until they felt confident the could meet people's needs. Although the induction process included some formal training it did not meet the requirements of the Common Induction Standards (CIS). The CIS is a national tool used to enable care workers to demonstrate their understanding of high quality care in a health and social care setting.

Torr home was well decorated with a number of spacious communal areas. Individual bedrooms were light, homely, well maintained and included numerous personal items. Staff told us people were able to bring their own furniture into the home and maintenance staff reported they had installed additional shelving in rooms when requested.

The Glentor centre was also well decorated, however the centre had a clinical feel with vinyl flooring fitted throughout. There were minimal personal items within people's rooms and limited aids to orientation present in the service. Movement sensors were used to activate lighting in the centre's corridors and communal lounge. This meant lights in the lounge regularly turned off when people were sat down and not moving around. This lead to staff waving their arms and making other large gestures in order to reactivate the lights. The lighting arrangements in

Requires Improvement

Is the service effective?

Glentor were inappropriate, and observed staff behaviours in response to the lighting system may represent an additional cause of confusion for people living with dementia. We discussed these issues with the registered manager who was aware of the situation and undertook to have the issue addressed immediately.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. We discussed the MCA with both the registered manager and staff. The registered manager had a good understanding of the requirements of this legislation and was able to describe the processes the service used to make decisions in people's best interests. This included the involvement of people's relatives and family members and the appropriate involvement of health and social care professionals. The care staff we spoke with did not have a clear understanding of the requirements of the MCA and training records demonstrated that the majority of staff had not received formal training in this area.

The home considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a recent court ruling the criteria for when someone maybe considered to be deprived of their liberty had changed. The homes policy documentation did not reflect these recent changes to the interpretation of the Deprivation of Liberty Safeguards. However, the registered manager had recently correctly identified that the care arrangements in Glentor represented a deprivation of a person's liberty. An appropriate application to the local authority for the authorisation of this deprivation of liberty had been made and was in the process of being formally reviewed.

We observed one person in the lounge of the Glentor Centre becoming anxious as a result of another person's behaviour. Staff supported the individual who had become anxious to leave the environment and provided appropriate reassurance to the person in their room until they felt sufficiently relaxed to return to the lounge. Records showed some staff had received specific accredited training in how to support people when they became anxious or upset, however, due to the disorganised nature of training records within the service it was not possible to establish that all staff who worked in Glentor had received this training. We discussed how people were supported when they became anxious with staff. They said, "Normally I try to be quietly spoken and try to reason with people" when they become anxious and, "I may walk away or ask another member of staff to see to them", as a change of face often helped. During our inspection we observed staff knew people well and were able to provide appropriate support if they became anxious.

In Torr Home we found care plans had been signed by the person or their relative to formally record their consent to the care as described in the care plan. In the Glentor Centre we did not see any formal systems in place to record people's, or their relative's consent to care plans. People's relatives told us they had been involved in the development of care plans and were kept well informed by staff of any changed to their relative's condition. We asked staff how they gained people's consent for the care they provided. Staff told us, "I never do anything against people's wishes", "They tell us what they want us to do" and "We ask them if they would like to do things."

People told us, "There's plenty of food and lots of choice" and "We can have meals in our room if we like." People told us they were able to have snacks and drinks anytime they wanted. People said, "It's very nice" and "It's lovely, nice food." Other comments included, "If you don't like something they'll do poached or scrambled egg for you" and "They're very accommodating."

People told us they enjoyed the food at the service. They explained snacks and drinks were available anytime they wanted them and wine and sherry were served at meal times. People's comments included, "the food is nice" and "the food's exceptional, I've never left anything on my plate. It is superb" and "There's plenty of food and lots of choice". People told us they were able to have their meals in their rooms if they preferred. One person said, "I had to start eating with my fingers and it was embarrassing so I have my meals in my room now…I've chosen egg, bacon, sausages and ice cream today and it'll come all cut up".

Requires Improvement

Is the service effective?

Two people, however, were less happy with the food and although they recognised choices were available commented, “If I did complain about anything it would be the food, it’s just not what I like to eat, roasts and that”.

We observed lunch being served in both Torr home and Glentor. Tables were attractively laid out and people did not have to wait for their meals to be served. There were two home cooked main meal choices available and people were offered a selection of beverages to accompany their food. Specialist cutlery was available and staff politely offered to assist people with their meals. Where support was accepted this was provided discreetly and people were encouraged to maintain their independence. After lunch people were offered teas or coffees and we heard people telling staff how they had enjoyed their lunch.

In the Glentor Centre we observed that soft diets were served as individually processed food items. This enabled people to enjoy the separate flavours of their food. We found the cooks in both kitchens had been provided with information on people’s individual likes, preferences and dietary needs. We found the quality of food available at the service was good and people had been supported appropriately to ensure their nutritional needs were met.

The staff worked effectively with other organisations to help ensure people’s health needs were met. We saw people had been supported to access services from a variety of health providers including GPs, speech and language therapists, district nurses, dentists and other specialists. One person told us, “I’ve had 12 dental appointments while I’ve been here to sort out my teeth. It’s excellent….” and a relative told us, “Whenever people have a problem it’s dealt with and they get doctors”.

Is the service caring?

Our findings

People and relatives spoke highly of the staff and care provided by Torr Home and Glentor. Comments included, "I knew immediately this was the place for me and I've never regretted it. It's very comfortable and the staff are very good", "I couldn't fault it one bit" and, "the staff are very friendly". People's relatives reported they were always welcomed to the home and encouraged to visit at any time. Relatives said, "They're very good here…always helping me too", "(my relative) is extremely well looked after" and "The staff are very approachable. They do go out of their way".

We observed staff providing compassionate care and support in a relaxed manner. Staff spoke warmly of the people they supported and told us, "people are well looked after", "we make people feel at home" and, "I do feel people here are part of my family".

Staff and managers knew people well and were greeted by people as friends. We observed that people approached staff for support freely, and without hesitation. Where staff offered people support this was done discreetly and was provided with compassion and kindness. Where people became anxious or distressed staff provided support calmly and politely. During our inspection one person became visibly upset. We informed the registered manager, who immediately responded and provided the individual with empathetic support and reassurance.

Staff stressed to us the importance of enabling people to do things for themselves and providing support at a relaxed pace to promote people's independence. Staff comments included, "I try to give residents the time and commitment they deserve", "They're elderly and can't be rushed" and, "some people can wash themselves, we encourage them to do what they can". We spoke with one person who had originally been admitted to the service for end of life care, we saw staff supporting and encouraging this person to mobilise independently. This person told us of the support and encouragement staff had provided and explained that they now wished to be supported by staff to go for short walks in the service's gardens.

We saw staff empowered people to make choices throughout the inspection. Staff consistently offered support politely, explained options to people and respected their decisions. Staff explained to us how they offered people choices and said **"**You ask or show them, they always have a choice", "We give people choices", "People have a choice of meals, most of them have a certain day for a bath or shower but if someone wanted a bath or a shower every day, they could" and "Some people like their breakfast in bed."

Staff encouraged people to maintain relationships that were important to them and relatives were actively encouraged to visit the service regularly and share meals with their relatives. Where people's relatives were unable to visit staff had made arrangements for a local "befrienders" service to visit individuals to provided additional companionship.

In addition staff supported people to maintain their links with the local community and continue hobbies and interests. We saw one person, who played a musical instrument, was supported by staff to attend band practices.

People said staff respected their privacy and dignity. Their comments included, "Staff knock on the door before coming in, nothing's too much trouble for them" and, "They respect my privacy and dignity." A relative said the staff are, "caring and respectful."

Staff explained how they promoted privacy and dignity while providing care. Staff told us they asked visiting family members to leave people's rooms before personal care was provided and said, "We close the curtains and the door and make sure people are covered" and "There are 'care in progress' signs on the doors." However in Glentor, we saw that people's bedroom doors were routinely left open during the day. During our inspection we observed that one person who was in bed was only partially dressed. Although the service adequately supported people to maintain their privacy and dignity the failure to close this person's door or ensure they were appropriately covered did not respect their dignity.

People's care plans included details of their wishes in relation to the provision of care at the end of their lives. Records showed these issues had been discussed in detail as part of the admission process. Information provided had been used to develop specific end of life care plans. Staff were aware of people's wishes in relation to their end of life care and told us, "Information about people's preferences is in their care plans" and, "Matron collects information about people's preferences when she does the initial assessment."

Is the service responsive?

Our findings

We looked at the care plans in both Torr Home and Glentor Centre. The care plans were detailed and initially based on information provided by the person and/or their relatives on their arrival in the service. Records showed information in relation to people likes, interests, hobbies and care needs had been identified. The care records in both services included information about peoples' background and life history. This information in the care plans of people that lived in the Glentor Centre was particularly detailed and provided staff with a good understanding of each person's background. We observed throughout our inspection that staff and the registered manager were aware of peoples' life histories and actively championed their views and wishes.

Completed initial assessment documentation demonstrated the service had also considered and offered support to peoples' family members when their relative moved into the service. The registered manager had identified the significant impact a person's admission into a care service could have on their carer's and had supported carers' continuing involvement in people's care provision.

Care plans provided staff with clear guidance on each person's individuals care needs and contained sufficient information to enable staff to provide care effectively in accordance with people's wishes. Staff were provided with clear instructions to encourage people to be as independent as possible. Staff told us, "Everyone has individual needs so they have their own tailor made way of looking after them".

People and their relatives had been involved in annual reviews of their care plans. People told us, "my son does it" and "They do listen here and there's a conference about me once a year. My daughter handles that as she's very friendly with the office". Monthly care reviews had been documented in each person's care plan that consisted of entries stating "no change". However, one of the care plans we inspected had not been updated to reflect the person's individual choices. We observed that this person declined to eat lunch and asked for the meal to be put back for later in the day. Staff told us this was normal for this particular individual and said "She has her food put back for supper. It should be in her care plan". This person's care plan did not include any specific information or guidance for staff in relation to this routine.

The care and support people received was recorded in detailed daily care records. These records included details of how people had spent their time, activities they had engaged with and the care they had received. Staff told us, "the care's always recorded".

Formal handover meetings where held between staff at the end of each shift to ensure all staff were aware of any changes to people's care needs. Staff told us, "we talk about any changes during handovers, any developments are given then" and, "if a person's health needs changed they would be reported to the nurse immediately". Care records showed that where staff had identified concerns in relation to people's care needs these had been reported to the registered manager and if appropriate guidance from external health and social care professionals had been requested. Where professionals had provided specific guidance, this had been recorded within the person's care plan and documented within daily care records.

People told us they enjoyed the varied programme of afternoon and evening activities available within the service, their comments included , "There's always something on in the afternoon". We spoke with the home's activities coordinator who told us, "I am proud, we do good activities here" and explained that planned activities included games, puzzles, quizzes and live entertainments. People spoke enthusiastically about the busy programme of events planned for December. We saw a local pre-school group preforming Christmas carols in the lounge and people told us the police choir was due to be singing during the evening.

Family and friends were encouraged to visit the service and we saw visitors arriving in the home throughout the day. Where people's family and friends were unable to visit the service the home had made links with a number of local community groups who visited regularly and additional support was available from a befriender service. One person who had no family and did not enjoy activities told us, "I go on the trips out once a week, for example over the Moors, we have a cup of tea and some cake". Another person who's partner lived in the Glentor Centre told us of how staff made arrangements to enable the couple to have time together both within the service and during trips out. Staff explained they regularly supported people to go on trips out to go shopping or visit local attractions and commented, "This is like the Grand Hotel of a care home."

Is the service responsive?

Glentor Centre has its own dedicated activities coordinator who works three days per week. Activities at Glentor Centre were also varied and included group cooking, "Bread and butter pudding is their favourite", visiting musicians, and regular trips out to local attractions. Staff told us, "we go out once a week" and, "we went to the aquarium for a whole day, they loved it". In addition Glentor has it's own pet cat and caged bird, each with specific care plans. We saw people were encouraged to feed and care for the home's animals and that a "dog therapy" service visited regularly.

Staff at Glentor told us enthusiastically about their plans for celebrating Christmas in the service, "for Christmas the other house are going to the beefeater, we can't do that, so we are bringing the restaurant here, we will put all the tables together, offer different menus and drinks and have some entertainment. It's going to be great."

We saw people were supported to remain active participants in the local community. The service regularly undertook fundraising events for local charities and staff supported people to attend local community events. People told us their care staff went shopping for them each week and the service's activities coordinators had made arrangement to ensure everyone in the service received Christmas presents.

Residents' meetings were held regularly in the home. The minutes of the most recent meeting held in September 2014 showed that feedback from residents was valued by the managers and acted upon. Residents had discussed changes to the service's winter menu and the timing of menu ordering had been changed as a result of feedback from residents. In addition a residents committee had recently been set up to enable residents to have more involvement in the planning of activities and events.

People told us they knew how to make a complaint and would be happy to approach staff with any issues or concerns. People told us, "I can't think of a darn thing to improve the home" and "There's nothing I could complain about at all…someone said it's the best in Plymouth and I think they're right…they've got a superb home here". Relatives told us, "I can't think of anything to say that's negative. It's amazing what they do" and, "my relative would complain if she wasn't getting the care she needed". Two people told us they had complained about laundry mix ups but that after they raised the issue, "It got better".

We asked staff what would happen if someone made a complaint. Staff explained, "I'd sit and ask them what they're complaining about, who, what etc., then speak to the nurse and speak to Matron". The service regularly received compliment and thank you cards from people and their relatives. Comments within recently received cards included, "you are a credit to your profession and true angels in people's time of need".

Is the service well-led?

Our findings

People were happy in the service. In both Torr Home and Glentor the atmosphere was relaxed and supportive and people told us, "I'm very happy with the way things are" and "staff are happy". One person's relative said, "I wouldn't want (the person) anywhere else." Staff told us, "I think the residents' love it here" and, "I don't think we get it right all the time but on the whole it seems a happy home".

The registered manager provided effective leadership to the staff team. People told us the manager was a visible presence in the service and reported that any concerns they raised with the manager were acted upon. Staff had confidence in the leadership of the registered manager and told us, "Some days the manager can be under pressure but she's not afraid to come and help on the floor", "(the manager) knows what's going on" and "we can take concerns to the manager, and she'll listen to us". One staff member said, "(the manager) is very supporting regardless of any situation. I'm very happy here."

For a significant period prior to the inspection the service had been without a deputy manager. This meant the registered manager had not been fully supported and there was no dedicated leadership for the staff team in the Glentor Centre. By the time of our inspection the provider had appointed a new deputy manager. The registered manager told us this was a significant improvement as prior to this appointment, "I wasn't struggling but I was living here." This was corroborated by comments made by a minority of staff at the Glentor Centre. This included, "(registered manager) is approachable but not always available".

The provider is a charitable organisation lead by a board of directors with support from a full time Chief Executive Officer (CEO). The CEO and registered manager both made formal monthly reports to the board including details of numbers of people using the service, staff recruitment and details of any accidents or incidents that had occurred. The board provided strategic guidance to the organisation and individual directors conducted regular unannounced visits as part of the service's quality assurance processes. The CEO was responsible for the line management of the registered manager and was based in the Glentor Centre. The registered manager told us she was, "well supported" by the CEO and directors. Staff told us, "The CEO is very fair".

The registered manager held regular staff meetings to ensure all staff were up to date with any changes to the service's procedures and enable individual members of staff to share their experiences and learning with the wider staff team. On the day of our inspection we observed that a staff meeting was held at short notice to provide staff with support in relation to a recent incident and specific guidance on changes to an individual's care needs.

The service had recently experienced a number of challenging incidents. These had been investigated and well managed by the registered manager. Staff had been provided with appropriate additional support in order to enable them to continue to meet peoples care needs. Where the need for additional policies and procedures had been identified these had been developed in a timely manner and provided staff with effective guidance. Information in relation to these incidents had been shared appropriately with external health and social care professionals. Managers and staff had cooperated fully with subsequent investigations and had been open, honest and receptive to suggestions provided by professionals. Where health professionals had provided specific advice in relation to people's care needs this had been promptly shared with relevant members of staff and incorporated into people's care plans.

Where the service had received complaints these had been fully investigated by appropriate managers or directors. Detailed and informative reports of these investigations had been provided to complainants within timescales set out in the provider's complaints policies. People told us that when they had reported issues to staff these had been addressed and resolved. People's comments included, "I took concerns to (the registered manager), it was addressed".

A variety of systems were used to monitor and assess the quality of the service provided. These included regular resident's meetings, surveys, internal audits designed to ensure compliance with the regulations, and unannounced spot check by managers and directors. These processes were effective and where issues had been identified appropriate actions had been taken to drive improvements in the quality of the service. For example we found that audits had identified concerns in relation to the quality and detail of daily care records at the Glentor Centre. These issues had been raised and discussed with the staff team during team meetings. As a result of these discussions the

Is the service well-led?

decision was made to install a digital care planning system in the Glentor Centre and to provide staff with tablet computers to enable them to complete daily care records without having to spend additional time in the office.

During our inspection we found that this new system was in the process of being introduced and the daily care records we inspected were sufficiently detailed and accurately recorded the care and support people had received.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The failures to follow good practice guidelines and the homes medication policy combined with the storage of inappropriate items within medicine storage cupboards represents a breach of Regulation 13 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 12(1) including Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The provider's failure to provide staff with adequate training and information on local procedures for the safeguarding of adults exposed people to unnecessary risk and represents a breach Regulation 11 of the Health and social care act 2008 (regulated activities) regulations 2010 [now Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The failure to provide appropriate training, formal supervision and annual appraisals to staff is a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2010 [now Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].