

Turner Home

Turner Home

Inspection report

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Date of inspection visit:

19 May 2021

20 May 2021

Date of publication:

18 June 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Turner Home is a residential care home providing accommodation, personal and nursing care for up to 59 people. The home supports people with mental and physical health conditions, including dementia. There were 52 people living at the home at the time of this inspection.

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

At our last inspection the provider had failed to ensure medicines were safely managed, effectively manage the risks associated with people's care and implement robust processes to monitor and improve the safety and quality of care being provided. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

People received their medicines safely and as prescribed. Changes had been made to the home's medicines dispensing and administration processes to ensure medicines were stored securely. Quality assurance processes around medicines administration had also improved. People had personalised risk assessments which gave staff the information needed to safely manage the risks associated with people's care. However, the consistency and quality of health and care monitoring records still required improvement. The environment was safe and well-maintained. The home was clean and effective infection prevention and control measures were in place.

People told us they felt there were enough staff at the home. One person said, "There are always plenty of staff around even at weekends and at night. If I use the buzzer, I get help quickly." The home was reliant on some agency staff, potentially making it more challenging to deliver and sustain improvements, such as maintaining consistent and high-quality records. Staff were visible around the home and were readily available to support people when needed.

People were safeguarded from the risk of abuse. People told us they felt safe living at the home and relatives felt the same. One person said, "I feel safe here as the staff look after me well. If I need anything I just ask for their assistance." Staff had received safeguarding training and were aware of their responsibility to report safeguarding concerns. The provider had systems in place to manage concerns of a safeguarding nature.

Quality assurance and audit processes had improved since the last inspection. However, further improvements were still needed. For example, greater clarity was needed about who was responsible for ensuring highlighted actions were completed and in what timescale they were due to be completed.

People living at the home and their relatives gave positive feedback about the staff. One person said, "The staff look after me very well they do everything for me. The staff talk to me very nicely, they are polite." Relatives said staff kept them well-informed and involved in their relative's care. One relative commented, "The staff often chat with me and they tell me what [Relative] has been doing. If there is a problem, they call me up."

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 10 November 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 29 September 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance at the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We also looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Turner Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and a nurse specialist professional advisor (SPA). An Expert by Experience also assisted by carrying out telephone calls to people living at the home and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Turner Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information

about important events which the service is required to send us by law. We also gathered feedback about the service from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with five people who lived at the service and seven relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, director of operations, quality and compliance staff, nurses, care workers and other staff.

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

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at four staff files in relation to safe recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection records relating to risks associated with people's care and treatment were not updated, completed fully or accurately. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People had personalised risk assessments which gave staff the information needed to safely manage the risks associated with people's care. This had significantly improved since the last inspection.
- The consistency and quality of record keeping still required improvement. For example, health and care monitoring records such as people's food and fluid intake and weights were not always recorded as often as planned.
- The environment was safe and well-maintained. Regular safety checks were carried out by staff and checks were on utilities and equipment were up-to-date. Fire safety was also effectively managed.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines safely and as prescribed. Changes had been made to the home's medicines dispensing and administration processes to ensure medicines were stored securely.
- Staff were suitably trained, had the required knowledge and skills and had their competency checked regularly by senior staff.
- Staff were familiar and competent with the electronic medicines administration records system. The electronic records were appropriately managed and showed medicines were being administered as prescribed.
- 'As required' (PRN) medicines and time critical medicines were safely and effectively administered and

recorded.

- Quality assurance processes around medicines administration had improved, which meant staff could be assured people were receiving their medicines correctly.

Staffing and recruitment

- There were enough staff at the home to meet people's needs. People told us they felt there were enough staff at the home. Comments included, "There are always plenty of staff around even at weekends and at night. If I use the buzzer, I get help quickly" and "When I have visited there appears to be enough staff. Most of the time when I phone, I can get through, though it may take a few minutes."
- The home was reliant on some agency staff, albeit agency staff who were familiar with the home and worked there on a regular basis. This was potentially making it more challenging to deliver and sustain improvements, such as maintaining consistent and high-quality records.
- Staff were visible around the home and available to support people when needed. People who required one-to-one support from staff were receiving this level of support.
- Staffing levels were regularly reviewed by the registered manager ensuring people's needs were being met safely.
- Staff were safely recruited. Appropriate checks were carried out to ensure new staff were suitable to work with vulnerable adults.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. People living at the home and their relatives told us the home was safe. Comments included, "My [Relative] is very safe; it is a wonderful care home. The staff think very highly of [Relative] and speak well of [Relative]. The staff are very caring and they support the residents in different ways to meet their needs, so I know they deal with my [Relative] in the best way they can" and "I feel safe here as the staff look after me well. If I need anything I just ask for their assistance."
- Staff had received safeguarding training and were aware of their responsibility to report safeguarding concerns.
- Information and guidance about how to raise safeguarding concerns was accessible around the home and the provider had systems in place to manage concerns of a safeguarding nature.

Preventing and controlling infection

- The home had effective infection prevention and control (IPC) policies and procedures were in place.
- The home was clean and hygienic. Cleaning schedules and products had been appropriately reviewed and enhanced in response to COVID-19.
- Staff and people living at the home underwent regular COVID-19 testing and had been supported to access COVID-19 vaccinations.
- Staff donned, doffed and disposed of PPE safely and in line with the relevant national guidance. Most staff were wearing the required levels of personal protective equipment (PPE) throughout our inspection. However, there was an occasion when staff needed additional prompting regarding the appropriate levels of PPE needed.
- Staff were supporting people to visit their loved ones at the home safely and in line with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and responded to by staff.
- The registered manager and compliance team regularly reviewed this information to ensure appropriate action had been taken and steps were taken to prevent recurrence, when necessary.
- Relevant policies and procedures were in place to help guide staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to implement robust and effective systems to assess, monitor and improve the safety and quality of care being provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance and audit processes had improved since the last inspection and were more effective at identifying and addressing issues. However, there were still areas requiring improvement. For example, in some instances there was a lack of clarity about who was responsible for ensuring an action was completed and some actions were recorded as 'ongoing' without a planned completion or review date.
- Record keeping had improved since the last inspection. However, the consistency and quality of record keeping still required improvement. For example, health and care monitoring records such as people's food and fluid intake and weights were not always recorded as often as planned.
- The home had a manager registered with CQC who had provided some stability and consistency to the management team.
- Ratings from the last CQC inspection were clearly displayed within the home as required.
- CQC had been notified of significant events which had occurred, in line with the registered provider's legal obligations. Some notifications had not been submitted in a timely manner but this was discussed with the manager during the inspection and steps were put in place to prevent this from happening again.
- There was a range of regularly reviewed policies and procedures in place to help guide staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- There was a positive culture amongst staff at the home. Staff were caring and supportive when interacting with people living at the home.
- People living at the home and their relatives gave positive feedback about the staff. Comments included, "The staff look after me very well they do everything for me. The staff talk to me very nicely, they are polite" and "As far as I can see my [Relative] is looked after well. The staff treat him with respect and are very

friendly. He tells me they are good and that they give him everything he needs. My view of the home is that it is very good. They have dealt with COVID-19 fantastically."

- The registered manager was knowledgeable and had worked hard to address the issues identified at the last inspection.
- The manager understood their responsibilities regarding the duty of candour and promoted openness and transparency within the service.

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

- People living at the home and relatives were able to give feedback about the care at the home in various ways, such as care plan reviews, an annual survey and residents' meetings.
- Relatives said staff kept them well-informed and involved in their relative's care. Comments included, "The staff often chat with me and they tell me what [Relative] has been doing. If there is a problem, they call me up." and "The staff are friendly and supportive, which makes [Relative] feel secure. The staff are approachable when I speak to them."
- Staff were supported by senior staff through regular supervisions and team meetings. Staff told us they felt well-supported by the registered manager and were able raise concerns if needed.

Working in partnership with others

- Staff at the home worked well with other relevant health and social care professionals to maintain people's health and wellbeing. This included adopting a multi-disciplinary team (MDT) approach where possible, working in partnership with GPs and practice nurses.
- Since the last inspection, staff at the home had engaged positively with organisations and professionals who could provide them with additional support and guidance aimed at improving the home, such as the local authority and other health and social care professionals.