

Torr Home

# Torr Home

## Inspection report

The Drive  
Plymouth  
Devon  
PL3 5SY

Tel: 01752771710  
Website: [www.torrhome.org.uk](http://www.torrhome.org.uk)

Date of inspection visit:  
18 August 2020

Date of publication:  
23 September 2020

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Torr Home provides care and support for older people. The service is registered to accommodate 60 older people and is separated into two services. Torr Home supports up to 43 people who have nursing or residential care needs and the Glentor Centre supports up to 17 people living with dementia. At the time of our inspection there were 48 people living across both services.

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

People told us they felt safe and happy in the service. Some people said there had been a time recently where they had felt unsettled and the culture in the service was negative, the registered manager and provider addressed this and now the atmosphere was improving. Incidents and safeguarding concerns were investigated and notified to us. Staff knew how to identify and report concerns.

Staff and people fed back that in the Torr Home unit there were often agency staff that weren't familiar with their needs working and staff seemed rushed. After the inspection the registered manager had adjusted staffing levels to include one extra staff member to support with breakfast, personal care and lunch time. Staff were recruited safely.

Infection control processes were robust, and the service was clean and well maintained. The service had checks and processes in place for staff and visitors to mitigate some of the risks associated with the spread of infection and the coronavirus pandemic.

Medicines were managed safely but we did identify some areas for improvement around recording of cream application, description of 'as and when PRN' medicines protocols, and auditing processes for medicines. This had been addressed by the end of the inspection.

The registered manager was visible in the service and staff said they felt supported. Although the service had several aspects of a good well led service, there were some areas for improvement that needed to be addressed. Quality checks were in place for all aspects of care provision and where issues had been identified action was taken. However, some improvements needed to be made to the auditing of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Some relatives were upset they had not been able to see their loved ones in the Glentor unit due to restrictions on visiting because of the coronavirus pandemic. After the inspection we were told arrangements had been made for relatives to safely see their family members whilst still ensuring infection control and prevention processes were observed.

We made two recommendations around the auditing of medicines management and monitoring the culture

in the service.

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

Rating at last inspection

The last rating for this service was good (published 29 September 2017).

Why we inspected

We received concerns in relation to the management of medicines, staffing levels and safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good.

We have found evidence that the provider needs to make improvement in some areas, but that people were not placed at avoidable risk of harm. Where needed the provider had taken appropriate action to mitigate some of the risks that had been identified prior to the inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Torr Home on our website at [www.cqc.org.uk](http://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 safe.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Torr Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one inspector and one member of the CQC medicines team who visited the service. One further inspector made telephone calls after the site visit.

#### Service and service type

Torr Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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

We gave a short period notice of the inspection and announced it the day before the site visit.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

During the site visit we spoke with three people who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the registered manager who was also the nominated individual, deputy manager, and a registered nurse. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI) in both units during the site visit and observed lunch time in the Glentor unit. 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 three staff recruitment and supervision files, accidents and incidents, complaints, and safeguarding files. During the inspection we checked eight people's medicine administration records. We checked storage arrangements, policies and procedures, medicines audits and records. We walked around the service in communal areas.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, health and safety records, quality assurance records and care documents for six people. We spoke with four professionals who know the service and received feedback from six further staff. We spoke with six further relatives and four further people who live in the service.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm. We did find some areas for improvement which the registered manager addressed before the inspection ended.

### Using medicines safely

- People's medicine administration record (MAR) charts were completed when doses of medicines were given. However, some improvements were needed to the recording of creams and external preparations in the Torr House unit. This had not been identified by the medicines audits which had been undertaken. By the time we had left the registered manager had followed this up and planned for creams to be recorded in a more robust way.
- Medicines were administered by nurses and senior care staff who had received medicines training. The home's medicines policy states 'All staff are required to have an annual review of their knowledge, skills and competencies relating to managing and administering medicines'. However annual competency checks had not been recorded for all staff who gave medicines, and this had not been identified by the medicines audits being undertaken. This was found at the previous inspection, and we were told then the checks would be completed, and the home's medicines audit would be reviewed. This was addressed before the end of the inspection and recording improved.
- When medicines were prescribed to be given 'when required' we saw some improvement was needed to the way these were recorded. When doses were administered this was recorded on people's medicines charts. However, reasons and outcomes were not recorded consistently. Staff knew people's needs well and knew when and how to administer these medicines when we asked them. Although some information was available in people's care plans to guide staff how to manage challenging behaviours, there were not person-centred protocols to guide staff on how and when these medicines should be given.

We recommend the service implement a system for ensuring their medicines audits are comprehensive and medicines management is in line with best practise guidance such as NICE guidelines.

- There had been some issues with supplies of medicines for one person. However, the home had investigated this in conjunction with the supplying pharmacy and put new systems in place to try to ensure this wouldn't happen again. New roles were being introduced for senior nursing staff to further oversee and strengthen medicines processes and management in the home.
- There were suitable arrangements for safe storage of medicines, including those needing extra security and cold storage. Temperatures were monitored to make sure medicines would be safe and effective.
- People were supported to look after their own medicines. A risk assessment had been completed to make sure this was safe for them.
- If medicines were given covertly, a mental capacity assessment and best interest decision had been recorded. We were told that pharmacy advice had been sought on the safest way to administer each medicine given in this way, for example if they could be mixed with food or drinks.

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

- People told us they felt safe. One person said, "I do feel safe now" and relatives told us how they no longer had to worry about their loved ones as they were well looked after in Torr Home. A professional told us, "I have no concerns about the safety of residents."
- All staff had attended training on safeguarding people from abuse. Staff told us they knew how to identify abuse, how it might present itself for different people and demonstrated they knew how to report it.
- Some people we spoke with said they had noticed the information on display around the service on safeguarding each other. One person said this had prompted them to raise a concern with the registered manager and it helped them identify the worry they had should be reported.
- The registered manager assured us, and we saw documentation to suggest incidents and safeguarding concerns were investigated and documented and learned from.

## Assessing risk, safety monitoring and management

- People's needs and associated risks were assessed before moving in to the service to ascertain if the service could meet those needs. Risks that people faced or posed to others were reviewed on a monthly basis and updated more frequently if needed.
- Staff were aware of the risks people faced and knew where to find information on how best to support people if they became upset, and how to escalate concerns if a person's behaviour showed they were not their usual selves.
- People were provided with the support they required to minimise risks. For example, for people who required food to be pureed because of a choking risk this was provided. People were supported with walking aids where assessed as needing them to encourage them to retain their independence and take positive risks to keep moving.
- The premises and equipment were checked regularly and maintained to ensure they met requirements. The service employed a health and safety officer to check premises, water, fire and other building safety systems regularly. This officer then reported back to the provider and registered manager and said maintenance requests were granted promptly.

## Staffing and recruitment

- Some people said on occasion they had to wait for staff when they rang the call bell and sometimes this resulted in them not having their continence needs met. Staff also said they would benefit from more care staff during busy times. Every person we spoke with said they had noticed agency staff and felt more comfortable with permanent staff as they knew their needs better. The registered manager told us they were recruiting more staff after some recent changes.
- Before and during our inspection we had received information to suggest staffing levels could be increased in Torr Home and there were frequently agency staff on shift. We asked the registered manager to assure us there were enough staff to meet the needs of people. After the inspection visit the registered manager informed us they had added an additional staff member on in the morning to support during breakfast, offering morning personal care to people and lunch time. The registered manager explained these were the busy times when people sometimes had to wait for support when it was requested.
- Staff were recruited using a process including application, interview, DBS (police check) and induction stages. This ensured the service could check new staff were suitable to work with people who may be vulnerable.
- We observed enough staff on shift during our visit and on the rota to meet the needs of people living in the Glentor unit. We discussed with the deputy manager who runs the Glentor unit staffing levels would need reviewing on an ongoing basis depending on the needs of people living in the service.

## Preventing and controlling infection

As part of CQC's response to the coronavirus pandemic we are conducting a thematic review of infection control and prevention measures in care homes, and we included the review in this inspection.

- The registered manager had made arrangements for staff and people living in the service to participate in routine testing in line with government guidance.
- During our visit we observed staff wearing personal protective equipment, such as gloves, aprons and masks and saw stocks of these available for staff. One professional said, "It is extremely clean, you could eat your dinner off of the floor."
- The provider's infection prevention and control policy was up to date and guidance was available to staff. Staff told us they knew what was expected of them regarding infection prevention and control.
- The service was reducing the risk of visitors catching and spreading infections. Handwashing facilities and hand gel were available, and visitors were requested to wear masks which were provided.

#### Learning lessons when things go wrong

- The registered manager was reflective during the inspection process and open about where they felt improvements needed to be made and how things could have been done differently.
- There were clear lessons learned and the registered manager and deputy manager evidenced these during and after the inspection and showed how they had amended practise in the service to ensure repeated mistakes were not made.
- During the inspection as soon as inspectors identified areas for improvement the registered manager made changes to address these areas.

# 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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was sometimes inconsistent. Leaders and the culture in the service did not always support the delivery of high-quality, person-centred care.

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

- People, staff and the registered manager told us of a recent unsettled period in the service where staffing changes had been made. People told us they now felt happier and the atmosphere was improving. One person said, "The difference in the atmosphere is remarkable since there have been changes."
- One person told us how they "dreaded waking up some mornings" until staffing changes had been made and a negative staff culture had been addressed. The management of the service had acted upon the issue when they identified it but had not identified it early enough to prevent anxiety to people living in the service.
- We received some feedback the service did not always welcome the professional opinion of others and could be defensive at times. One professional said, "There are not concerns around the care but more around communication and engagement with outside professionals."

We recommend the provider and registered manager monitor the staffing culture and obtain regular feedback from people, relatives and professionals and act on it where required in a timely manner.

- We saw examples where people had been supported to achieve positive outcomes, such as gain weight where needed, reduce distressed behaviours, and return home after a period of respite and rehabilitation. Most relatives we spoke with were very positive about how the service had supported their family member to thrive.
- One professional said of the registered manager, "I have an awful lot of time and respect for the matron, she is very skilled and, on the ball, and has been open about challenges they face."

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

- Quality checks were in place for all aspects of care provision and building safety. Where issues were identified they were followed up.
- However, during our inspection we identified some ways that medicines management could be improved which had not been identified during audits of medicines. This had also been fed back during our previous inspection and was a clear area for improvement.
- The registered manager had a good understanding of regulatory requirements and was a registered nurse.

- There was a clear staffing structure and staff knew who to report concerns to or go to for support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was visible, helped care staff with care provision when required, and people told us they always said hello and made an effort to visit in their rooms.
- Equality characteristics were considered and assessed in care plans.
- People and staff told us they felt listened to. One staff member said, "I feel that we are listened to well. And any suggestions made are carefully considered and often acted on."
- The registered manager understood the duty of candour and records documented relatives were contacted if there was an incident or a person became unwell.

Continuous learning and improving care; Working in partnership with others

- The registered manager showed a willingness to adapt and took on board suggestions throughout the inspection process.
- We discussed with the deputy manager how the service could network with other care services, attend forums regularly, and ensure an open culture that welcomed learning from sharing of best practise and external scrutiny.
- There were several planned building improvements to Torr Home unit to refurbish rooms and create a further social and activity space.