

# Hestia Healthcare Properties Limited

# Timperley Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Timperley Care Home is a nursing home providing personal and nursing care. There were 52 people living at the home at the time of the inspection. The service can support up to 56 people. The home provides en-suite rooms over 2 floors. The first floor predominantly supports people living with dementia and the ground floor for people needing general nursing care as well as people living with dementia. Both floors have communal lounges and dining areas, accessible bathrooms and there is a large accessible garden to the rear of the home.

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

Medicines were managed safely. However, we recommend the records to support staff to administer medicines to people via a feeding tube or covertly, hidden in food or drink are reviewed.

The home was clean throughout. We have made a recommendation about using current government guidance for wearing personal protective equipment.

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 did not always support this practice.

Deprivation of Liberty Safeguards were applied for where applicable. However, we have made a recommendation to improve the systems to ensure re-applications are completed on time.

People and their relatives said they felt safe living at Timperley Care Home. Staff knew how to report any concerns and all incidents and accidents were recorded and reviewed by the manager to ensure actions had been taken to reduce the risk of a re-occurrence.

People said the food was good. Staff made referrals to medical professionals appropriately and followed any guidance provided. Staff received the training and support to carry out their roles.

A quality assurance system was in place with a series of planned audits. Action plans were automatically developed for any issues found. We saw the manager had a home action plan, with many of the actions already completed or in progress.

The provider had oversight of the home through weekly visits and a monthly provider audit. The area manager and director also had remote access to the care planning and quality systems.

Staff said the manager was visible within the home and was approachable. Relatives felt listened to and if they raised a concern it was resolved.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there was one person using the service who had a learning disability and or who was autistic.

The person's family was very involved in their relative's care and support. They had provided information about their learning disability and needs for the staff to follow. We discussed with the manager the new regulation for all staff to have completed training in learning disability awareness.

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 24 June 2021).

Why we inspected

We received concerns in relation to the management of the home, managing the risks people may face, medicines management, nutrition, staff training and equipment at the home. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We 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 COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained good based on the findings of this inspection.

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

Recommendations

We have made recommendations about medicines management, infection control and the Deprivation of Liberty Safeguards. Please see the relevant key questions safe and effective sections of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Timperley Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

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

There were 2 inspectors who visited the home on the first day of the inspection. An inspector and an Expert by Experience returned on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

A medicines inspector went to the home on the third day of the inspection.

#### Service and service type

Timperley Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Timperley Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post

for 4 months and was in the process of registering with the CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people who used the service and 5 relatives about their experience of the care provided at Timperley Care Home. We spoke with 19 members of staff including the manager, deputy manager, clinical service manager, nurses, senior support workers, support workers, the chef and housekeepers. We also spoke with a visiting medical professional. We reviewed a range of records, including 6 people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including quality assurance and incident reports.

We observed the support provided throughout our inspection and viewed the environment of the home.

#### After the inspection

We received feedback from the medicines optimisation pharmacist and Greater Manchester integrated care system quality nurse who had visited the home during our inspection.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for 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.

### Using medicines safely

- Medicines were not always safely administered at the correct times. For example, medicines were not always given before or after food, where needed. Therefore, the efficacy of the medicine may be affected.
- Medicines were managed safely. However, we recommend the records to support staff to administer medicines to people via a feeding tube or covertly, hidden in food or drink are reviewed.
- Care records were not always completed to show the reasons 'when required' medicines were given or the effectiveness of the medicine. This increased the risk of medicines being used inappropriately.

We recommend the records to support staff to administer 'when required' medicines and medicines given to people via a feeding tube or covertly, hidden in food or drink are reviewed to ensure they include all of the required information.

- Medicines were stored securely. Staff completed medicines training and had their competency checked to show they administered medicines safely.

### Preventing and controlling infection

- Care staff did not always use personal protective equipment (PPE) appropriately. We observed some staff with their masks below their nose and aprons were not always worn when serving food. We discussed this with the manager and area manager who said they would re-enforce the home's PPE guidelines. We observed the use of PPE had improved on the second day of our inspection.

We recommend the provider consider current guidance on the use of PPE.

- The home was visibly clean throughout. Cleaning schedules were used to ensure all part of the home were cleaned. A relative said, "The place is always clean and [Name's] room is always clean." The provider's infection prevention and control policy was up to date.
- People were admitted to Timperley Care Home safely and had a COVID-19 test prior to admission. Visitors were encouraged to wear appropriate PPE, especially when in communal areas, as per the current government guidance.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Risk assessments, and guidance for staff to manage these known risks, were in place for a range of areas,

including moving and handling, nutrition and skin integrity. All risk assessments were regularly reviewed.

- Staff knew people's needs and how to mitigate the risks. Information about people's risks and the support they needed was recorded electronically and was accessible through hand held devices used by each member of care staff.
- Equipment within the home was regularly checked by members of staff or the maintenance person. Equipment servicing arranged by the in-house maintenance person. Servicing of the fire equipment and nurse call bell system was booked to take place; however, they were overdue. We discussed this with the manager who said they would ensure the dates for all servicing were clearly recorded and available for the maintenance person to ensure timely servicing was booked in future.
- Any maintenance or repairs required were recorded on each floor and checked each day by the maintenance person. New profile beds had been ordered and a programme of re-decoration was in place.
- Staff had completed training in safeguarding vulnerable adults. They knew the signs of potential abuse and how to report this. Staff were confident the registered manager would respond to any concerns they raised.
- People, and their relatives, thought they were safe living at Timperley Care Home. One person said, "It's alright here, I feel safe and the staff are good" and a relative told us, "They seem to have good, direct links with the hospitals and doctors and if they ever need them they are here very quickly which adds to my feeling that [Name] is safe here."

#### Staffing and recruitment

- There were enough staff on duty to meet people's identified needs. Agency staff were used where required, although we were told recent staff appointments meant the rota would be fully covered when they all joined the staff team.
- Staff were safely recruited, with all pre-employment checks completed before new staff started working at the service.

#### Learning lessons when things go wrong

- Care staff knew how to report any incidents and accidents. They recorded details of what had happened on the electronic care planning system and wrote statements if required. Senior care staff and nurses entered any incident or accident onto the electronic system. These were reviewed by the manager to ensure actions had been taken to reduce the risk of a re-occurrence.
- Details were also added to the providers monitoring system. This was visible to the operations manager and director. Reports were available so patterns could be identified, for example multiple falls for the same person or in the same location.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity was assessed and DoLS applied for, if necessary, when they moved to Timperley Care Home. We saw DoLS renewal applications had not always been completed or were sent after the due date. This meant people may have been unlawfully restricted without the appropriate authorisations in place.
- A matrix used to track DoLS re-applications was not up to date. Dates of renewals were not always entered into the electronic care planning system.
- We discussed this with the manager and they were already aware and the shortfall in relation to DoLS was part of their ongoing action plan for the home. On the second day of our inspection all required re-applications had been made.

We recommend the system for DoLS applications and re-applications is reviewed to ensure it is robust and provides the management team with an accurate oversight of DoLS within Timperley Care Home.

Staff support: induction, training, skills and experience

- Staff received the induction and training they needed to carry out their roles.
- Senior care staff were trained in medicines management so they could support the nurses administering medicines. The home was also using the care home assistant practitioner (CHAPs) training courses to increase senior care staff clinical knowledge, working under the guidance of a registered nurse.
- Staff felt well supported by the nurses and manager. They said they were able to raise any ideas or concerns they had, through team meetings or directly with the nurse on duty or the manager if required. A

member of staff said, "[Manager Name] goes on to the unit making sure we're looked after. She will take time to speak to us, she treats us like we're here."

- Staff supervisions took place, although not as frequently as planned due to the changes in the management at the home. We discussed this with the manager who said regular supervision meetings were now being arranged for all members of staff.
- One person living at the home had a learning disability and dementia. We discussed with the manager the new requirements for staff to complete training in learning disability awareness to ensure they were able to meet the needs of this person. The person's family was involved in their care and support and had provided the home with information about the person's disability and needs.

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

- People's nutritional needs were assessed. The support people needed to eat and drink was recorded and reviewed. People received a modified diet where this was required. A relative said, "[Name] is a vegetarian and is on a soft food diet. [Staff] do cater for their needs. They ask my advice on the things they like so [staff] can vary it for them." People's food and fluid intake were monitored.
- People told us they enjoyed their meals and said, "There is plenty of choice of food. Its tasty and well cooked" and "I like the food in the main."
- A new chef had recently been employed. They had plans to improve the amount of information held in the kitchen about people who needed a modified diet, for example to reduce the risk of choking. They also had ideas to improve the menu at the home.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health and wellbeing. People's health needs had been identified and care plans provided guidance for staff for meeting these needs. Timely referrals were made to medical professionals when required.
- Records showed people received their planned support, for example for re-positioning and personal care. Specialist mattresses to reduce the risk of people developing a pressure sore were regularly checked to ensure they were at the correct setting.
- The new clinical lead had scheduled weekly clinical meetings with the nursing staff to monitor appropriate actions were in place, for example for people at risk of losing weight or developing pressure sores.

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

- An assessment of people's support needs was completed before they moved to Timperley Care Home. Details of people's care and support needs was gathered from the person, their family and other professionals involved in the persons support.
- Initial risk assessments and care plans were completed within 72 hours of the person moving into the home. Care staff said they were given information about people's needs during the daily hand over meetings and could also see the care plans through the hand held devices.

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

- Timperley Care Home was adapted to meet people's needs, with accessible bathrooms on each floor. The garden was secure, accessible and well maintained.
- The home had dementia friendly décor and signage, including bedroom doors that resembled a front door, inclusive of a door knocker. The manager told us further dementia friendly decorations and 'fiddle' toys were planned for the home.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A new management team was in place at the home, with the manager, deputy manager and clinical lead all joining in the last 4 months. Each person's roles and responsibilities had been identified and agreed. The manager had moved from another of the providers homes and so knew the policies and systems for the home.
- The manager was supported by an operations manager and an operations director. Both visited the home on a weekly basis.
- The provider had oversight of the service through monthly audits completed by the operations manager and director. Any issues identified were added to the homes action plan.
- A range of quality assurance audits were scheduled via the providers electronic system. These included care plans, medicines, the environment and daily walk rounds the home.
- Any actions identified were automatically assigned to named members of the management or staff team to action within a set timescale. The manager and operations team had oversight of all actions and any that were overdue. We saw audits had been carried out to schedule and actions completed.

Continuous learning and improving care

- The manager had an action plan for the home. We saw many of the identified actions had been completed and dates for completion had been set for all outstanding actions.
- Incidents and accidents were recorded electronically and reviewed by the manager. The operations team also had access to the system and monitored actions had been taken appropriately to reduce future risks.
- The manager completed a series of weekly and monthly reports for the operation team, for example giving an overview of clinical issues, accidents and incidents at the home. The provider also had monthly governance meetings, where learning from other homes could be actioned at Timperley Care Home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said the manager was visible on each unit and approachable. Members of staff said, "I feel positive, there's been a lot of changes since this new manager started, in a good way", "I've raised some concerns and they have taken them seriously" and "We've got three in management now and sometimes before we had nobody. I can call for support if I need to."
- Relatives also said they knew the manager and were able to speak with them if they needed to. Relatives

said, "Any concerns that we tell them about, they do get them sorted out quickly" and, "We had disagreements, but we have since had a good talk and things have improved over this last month or so."

- The manager had arranged a meeting with relatives shortly after joining Timperley Care Home and another one was planned for October 2022. A monthly newsletter was also sent to relatives to keep them informed about activities and what was going on in the home.
- The manager had recently initiated a survey for staff, relatives and residents. The responses received so far had been positive. A relative said, "I've filled in three questionnaires over the time [Name] has been here, so they are always looking to improve things. They pre-empt complaints by listening to us and telling us to mention anything that is bothering us."

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 manager was aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.

Working in partnership with others

- Timperley Care Home worked in partnership with a range of medical professionals and the local authority. One medical professional said, "They refer to us quickly which means people can heal better. They follow the guidance I give and there's always someone for me to handover information to."