Torcare Limited

Torpoint Nursing Centre

Inspection report

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Date of inspection visit:
19 October 2018
20 October 2018

Date of publication:
18 December 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 19 and 20 November 2018 and was unannounced.

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

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service provides care and accommodation for up to 54 people. On the days of the inspection 37 people were staying at the service. Some people were living with dementia, or had physical and mental health needs.

The service is owned and operated by Torcare Limited. They also own two other care homes in East Cornwall, providing residential and nursing care to older people, as well as a domiciliary care agency.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

Why the service is rated good.

People told us they felt safe living at the service. The provider's systems and processes protected people from abuse. Risks associated with people's care were managed safely. People were supported by sufficient numbers of staff.

People's medicines were managed safely. People were protected by infection control practices, and lessons were learnt when things went wrong, and the learning was used to help improve the service.

People's needs were assessed prior to them moving into the service to help ensure they were cared and supported effectively and safely. Staff received training to be able to meet people's needs.

People received enough to eat and drink. However, people living dementia did not always receive a dining experience which promoted their independence and ensured they were treated with respect and dignity. However, the provider had already recognised that improvements were needed, and had started to take action.

The service worked well with external organisations to the benefit of people. External professionals were complimentary of the staff, care and leadership of the service.

People were encouraged to live healthy lives, and their overall wellbeing was promoted. The design and decoration of the service was suitable, and the Accessible Information Standard (AIS) was known and had been considered. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. People's individual communication needs were known by staff, and the provider had researched and used assistive technology to help support people's communication needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their families told us staff were kind, and we observed compassionate interactions between staff and people. People were involved in their care, as far as possible and, overall their privacy, dignity and independence was promoted. People were supported compassionately at the end of their life.

People received personalised care. Staff knew people well and how to meet their individual needs. People told us they knew who to complain to and would feel confident in doing so.

People who used the service and staff, were involved in the ongoing development of it. There was a positive, empowering and inclusive culture and there were systems and processes in place to help monitor the safety and quality of the service. The management team displayed openness and transparency.

We recommend the provider uses dementia research to help improve the quality of the dining experience across the service.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Torpoint Nursing Centre

Detailed findings

Background to this inspection

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

The inspection took place on 19 and 20 November 2018 and was unannounced. The inspection was carried out by one adult social care inspector, a specialist advisor (SPA) for older people's nursing care, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we contacted Healthwatch Cornwall, a GP practice, the local authority, clinical commissioning group (CCG), and mental health professionals for their feedback about the service. Where this was given, it can be found throughout the report.

Prior to the inspection we reviewed records held about the service. This included the Provider Information Return (PIR) which 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 previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law. In addition, we reviewed information that had been shared with us, such as complaints, and compliments.

During the inspection we spoke with six people and eight relatives. In addition, 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 also spoke with a number of staff. This was made up of the cook, care staff, nursing staff, the new manager, the registered manager/provider and the Nominated Individual. A Nominated Individual a person that the provider nominates to act as the main point of contact with the Care Quality Commission (CQC). A Nominated Individual has overall responsibility for supervising the management of the regulated activity, and ensuring the quality of the services provided.

We reviewed seven people's care plans, and medicine administration records (MARs). Other records we reviewed included the records held within the service to show how the registered manager and provider

reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and procedures.

Good

Is the service safe?

Our findings

The service continued to be safe.

People told us they felt safe, commenting "It's the cuddles that make me feel safe", "The lovely calm atmosphere around the home and from the staff, makes it feel safe" and "They make sure I always have my call bell by my side just in case I need it".

People were protected from abuse, because the provider's systems and processes were effective in ensuring that staff understood what action to take if someone was being abused mistreated or neglected. Whilst staff were recruited safely, the provider told us they would take action to strengthen their application form to help robustly scrutinise gaps in people's employment.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice.

People who had risks associated with their care had them assessed and managed to help ensure that they were supported safely. For example, people who needed support with their skin care, mobility and nutrition had risk assessments in place, to help provide guidance and direction to staff.

People were supported to stay safe whilst respecting their freedom. For example, one person liked to smoke, however staff were concerned that they were dropping cigarettes on their clothes. So, action had been taken to purchase a fire poncho, that acted as a fire blanket that they could wear whilst smoking to help reduce the risk of fire from occurring.

Staff told us that when people displayed behaviour that challenged, they did not feel the recording of people's behaviour was adequate to help determine what approach was the most effective. Whilst, we did not identify that any action was required, the provider told us they would speak with staff about their concerns and review their documentation.

People lived in a building that was assessed for safety. The fire system was checked on a weekly basis, and equipment was serviced in line with manufacturing requirements.

People were supported by suitable numbers of staff. The provider assessed staffing on a daily basis, and made flexible changes to staffing numbers dependent on people's changing needs. For example, when someone was unwell or at the end of their life. The provider told us in their provider information return (PIR), that "Staff ratios, skill mix and resident dependency are monitored and changes made accordingly. Individual care plans guide and support staff to undertake safe person-centred care".

People received their medicines safely. Nursing staff administered people's medicines and had their ongoing competency assessed. Medicines were stored securely and people's records were accurate.

People were protected by the spread of infection, because there were systems and process in place which were implemented and followed. Some of which included staff training and infection control checks. The service was free from odour.

The provider learnt when things went wrong. The provider's dining experience checks had failed to identify an inconsistent approach to how people were being supported. Therefore, they had created a new check list to help improve the monitoring of the quality within the service.

Good

Is the service effective?

Our findings

The service continued to be effective.

People's needs were assessed prior to them moving into the service, which meant that people's needs could be effectively met.

People were supported by staff who had completed training to meet their needs effectively. The provider had ensured staff undertook training they had deemed as 'mandatory', of which included dementia care.

Staff new to the health and social care sector competed the Care Certificate. The care certificate is a national set of standards, aiming to improve the competence of care staff in the health and social care sector.

Nursing staff undertook relevant training and continued professional development (CPD), in line with their professional registration with the nursing and midwifery council (NMC).

People told us the food was lovely, commenting, "They feed us very well, there's a good choice", "There's always plenty of choice and always enough to eat" and "You can't say anything bad about the chef, we have lovely meals".

People had nutritional care plans in place. People's likes and dislikes were known and the chef told us that they would always cater for people who had religious and cultural dietary requirements.

The dining experience people received did not respect people's individual needs, promote people's independence and treat people with respect. For example, one person waited over 30 minutes before their lunch arrived, tables were not always laid up, condiments were not always offered, people who were assisted were not told what their meal was.

We recommend the provider uses dementia research to help improve the quality of the dining experience across the service.

Following our inspection, the provider submitted an action plan to the Commission which detailed what action they were taking to make immediate improvements to the dining experience across the service.

We checked whether the service was working within the principles of the Mental Capacity Act 2005, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

People's consent to their care and treatment had been obtained, and people's human rights were protected in line with the MCA. Staffs knowledge was limited regarding the MCA and DoLS. However, the provider told

us in their provider information return (PIR) that they had already identified this, and were implementing additional training for staff.

People lived in a service which had been adapted to their individual needs. There was wheelchair access inside and outside of the building and pictorial signage to help orientate people to where they were.

People's health and social care was co-ordinated with external professionals to help ensure they got the support they needed. External professionals told us, "If there is a concern with one of our patients they will highlight this in a timely manner and get in touch with us" and, "Senior staff are always receptive to advice from the district nursing staff and will carry out any interventions suggested. They facilitate regular six monthly medical reviews with the local GP and Consultant Psychiatrist". One external professional was complimentary of how they had supported a person with complex needs to settle into the service, and how they had seen a positive change to the person's overall health and wellbeing.

Good

Is the service caring?

Our findings

The service continued to be caring.

People told us staff were kind and caring. Commenting, "Everybody is so lovely and kind to me", "Ten out of 10 for the care", and "A big thumbs up for the care I have". People's relatives were also complimentary telling us "I'm delighted with the care […] receives", "I sometimes come to visit and see a member of staff sitting with my relative and holding their hand, that's wonderful care", and "The care is great, our relative doesn't seem agitated anymore". Another relative told us, "The staff are very caring and patient, nothing is too much trouble".

People's families and friends had also taken the time to write to the staff to thank them for the care they had provided, one thank you card read "Thank you to all the staff at Torcare Nursing Home for the support and kindness you showed my dear friend… I could not have asked for anything more".

People were shown empathy when they were upset and anxious. For example, one person had returned from hospital and was worried. Staff took time to listen to the person, and offer them reassurance. They made sure the person was comfortable by assisting them to their favourite sofa, and by placing a blanket over them. The member of staff remained with the person, until they relaxed.

The provider had recognised the importance of emotional support being available to people. Therefore, had designed a new staff role, called 'wellbeing staff'. These staff worked in addition to care staff, and were available to provide one to one support when it was recognised people needed comfort.

People were supported to express their views and be involved in their care. Staff told us how they listened to what people wanted and aimed to ensure they received the care and treatment they wanted.

Staff and the management team knew people well. People's care plans detailed what they had previously achieved prior to moving into the service, so that meaningful conversations could be held. For example, we observed one person being encouraged by staff to talk about a foreign country they had previously lived in and the animals they used to own.

People's equality and diversity needs were recorded. People's religious needs were known and staff were respectful of people's own beliefs. One member of staff had bought an Angel for one person who spoke often about dying. One person's first language was French, but they spoke English. However, to respect the person's heritage, their care plan detailed some simple French phrases that staff could use when speaking to them.

People's privacy and dignity was respected. Staff knocked on bedroom doors prior to entering, and told us how they closed curtains and doors when supporting people with their personal care. If someone became unwell in a shared area, there were mobile screens that were used to help protect people's dignity. An external professional told us, "Care Home staff are extremely professional and treat residents with dignity

and respect".
People were supported to be as independent as possible. Staff told us how they encouraged people to wash parts of their body whilst in the bath, and to choose the clothes they wanted to wear.

People's relatives could visit at any time. Relatives told us how they felt just as cared for as their loved one, for example being offered tea, coffee, meals and a chat if they were feeling overwhelmed and upset. The provider told us in their provider information return (PIR), that "The care of relatives is very important to the home, and the culture of the home is to include relatives and family as much as possible".

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People told us they received good care which met their needs. One relative told us, "The staff have always been aware of our relative's needs". Another relative commented, "The care provided is excellent". Staff told us they supported people in an individualised way.

People had care plans in place for their health and social care needs. Care plans helped to ensure people's needs were met in a way they wanted and needed them to be. People's care plans were reviewed with them and their family, making sure they were kept up to date.

People could access a variety of social entertainment, which was either organised by staff or by external entertainers. On the day of our inspection, some people participated in a group singalong and animal bingo. People were seen to enjoy the social occasion, and laughed and were supportive of each other.

People told us, "I really enjoy the entertainment we have, its good fun", and "They seem to cater for everyone, they know I enjoy playing cards". A relative told us, "My relative loves the entertainment, I didn't know he could sing before he came here". People were given additional support, where needed to help them to participate in social activities.

People's communication needs were documented and known by staff. The provider had researched and used assistive technology to help support people's communication needs. For example, one person with mobility difficulties was having problems using their call bell to ask for assistance. So, the provider purchased a specialised electronic system which supported the person to do this more easily, as well as remain independent with other aspects of daily living.

People were supported at the end of their life with compassion. There were good links with the local GP practices and the local palliative care nurse.

People told us they knew who to complain to if they had any concerns. One person told us, "I definitely have no complaints, if I had, I would tell the manager". The provider positively used complaints to help improve the service. For example, one complaint received resulted in the provider looking at the culture of the service and at how they could positively improve their supervision process of staff. The provider told us in their provider information return (PIR), that "Any complaint is taken seriously, responded to in a timely way, and improvements and learning acted upon as needed. A central log is kept of any complaints and is regarded as a learning tool".

The Accessible Information Standard (AIS) was known and had been considered, for example the provider told us policy's and care plans could be created in different formats as needed, and the need for these would be established before a person moved into the service. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand.

Good

Is the service well-led?

Our findings

The service continued to be well-led.

People and relatives spoke positively about the leadership of the service.

There was a registered manager in post, who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider was taking steps to de-register as the registered manager, because they had employed a new manager to manage the service. At the time of our inspection, the new manager had applied to the Commission to become registered and was awaiting their interview.

There was a management team which consisted of the provider, the general manager and the matron (the new manager). The management team promoted the ethos of person-centred care, and were passionate about ensuring high standards of care. Overall, staff felt the service was well run, however, staff told us they did not always know who was 'in charge' of the service and did not always feel communication was effective. The provider told us, that lines of responsibility within the service would become clearer and more defined when the new manager became registered, and was officially in post. In addition, the provider told us in the provider information return (PIR), that "We plan to develop the management and leadership skills of the Matron to assist her in being an effective manager which in time will increase the confidence of the staff team and improve the team working and effectiveness".

There was a strong ethos of care and compassion within the service, despite the provider not having a formal set of values that underpinned the care and quality of the service. The provider told us they would commence undertaking a piece of work with people, families and staff to design meaningful values for the service.

There were processes in place to monitor and assess the safety and quality of the service. For example, a recent audit had highlighted that further training was required for staff in moving and handling and skin care. A new health and safety manager had also been recruited, which now fitted into the providers overall governance framework.

The provider had a Care Standards Committee. A committee which was chaired by a relative and made up of people, family friends, staff and management. The committee met formally four times a year to look critically at the service, recommend changes and assisted to improve standards.

The provider ensured people continued to be part of their community by engaging with local primary schools, social networks and local businesses. A local Pasty van visited the service, so people could enjoy a traditional treat.

The provider and the management team kept their knowledge up to date by working in conjunction with external professionals, attending external conferences, and training courses.

The service worked positively with external agencies in order to help continuously learn and improve. External professionals told us they felt the service was well-led and that the management team and staff were adaptable and flexible to ideas, to ensure people's needs were met and that they had a good quality of life.
The provider had notified the Commission appropriately in line with their legal duties. For example, when someone had passed away. The rating of the providers last inspection was displayed in line with legal requirements.

The provider and management team displayed openness and transparency throughout the inspection process, thus demonstrating the main principles of the Duty of Candour (Doc). The Duty of Candour is a legal requirement that providers must be open and honest with people and apologise when things go wrong.