Methodist Homes

Torrwood Care Centre

Inspection report

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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

About the service
Torrwood Care Centre is a residential care home providing personal and nursing care to 76 people aged 65 and over at the time of the inspection. The service can support up to 82 people in one purpose built building.

People's experience of using this service and what we found
At our last inspection we found that the service did not always obtain consent in the correct way. People were not always protected from risks and governance systems did not always identify and mitigate risks. At this inspection we found improvements had been made.

People we spoke with were positive about living at the home. They told us they felt safe and well-looked after by the staff team. There was a relaxed and friendly atmosphere at the home. We observed staff were warm and respectful when speaking to people, and people were relaxed and comfortable with the staff. Risks to people had been assessed and guidance was in place for staff to reduce risks. The environment was well-maintained and regular checks carried out to ensure the environment remained safe. When accidents or incidents occurred these were reported and actions put in place to reduce reoccurrence. The provider had systems in place identify and report any concerns about abuse; staff were trained in safeguarding and knew how to report concerns.

People's care needs were assessed and care plans developed based on these needs. People's social emotional and spiritual needs were considered alongside any physical or nursing needs. People were supported to make their own decisions wherever possible. Staff were trained and supervised and had been recruited safely. Nursing staff had the opportunity to undertake additional training in areas of interest.

Staff spoke about people with respect, warmth and knowledge. We observed they supported people discreetly and protected their dignity and independence.

People were supported to stay in touch with family members. During the pandemic the provider had arranged video calls and relatives were kept informed. There was a range of activities for people to attend. Staff had introduced a system which enabled them to produce a newsletter for people from family social media posts.

The provider had a system in place to monitor the quality and effectiveness of the service. However, we found the system to monitor repositioning for people at risk of pressure ulcers was not robust. We raised this at inspection and staff took immediate action. Staff morale was good, and we were told the team was supported. Staff felt they could approach nursing staff or the registered manager with any concerns. People had access to external professionals such as chiropodists and physiotherapists.

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. Staff understood that people were best able to take decisions at varying times. Where people had decisions made in their best interests this was documented.

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 30 November 2019) and there were three 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
This was a planned inspection based on the previous rating.
The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Torrwood Care Centre

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
The inspection team consisted of two inspectors 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.

Service and service type
Torrwood Care Centre 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
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. 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.

During the inspection
We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the registered manager, area manager, assistant manager, nursing staff, care workers and the activity coordinator.
We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and mitigate the risks relating to the health safety and welfare of people; this included preventing and controlling infections. 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's care plans contained risk assessments for areas such as skin integrity, mobility, falls, moving and handling and malnutrition. These had all been reviewed on a monthly basis. When risks were identified, the plans showed steps staff had taken to reduce the risk of harm to people. For example, in one person's plan, it was documented that they had a high falls risk due to their medication side effects. Staff were informed to walk with the person, particularly if they appeared to be tired.
● The provider had a comprehensive system of checks to manage the safety of the environment. The provider checked gas, electricity, fire, water temperatures, and lifting equipment regularly. Any identified shortfalls were rectified.

Preventing and controlling infection
●The home was clean and smelt fresh throughout. The provider employed sufficient cleaning staff to keep the home clean throughout the day.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe at the home. One person said, "The carers are so sweet and polite and treat me very nicely, and I do feel completely safe with them."
● A relative told us they were confident their loved one was safe, "I do feel they are safe and staff are so empathic."
● The provider had systems in place to protect people from the risk of abuse. Staff had received training in safeguarding and told us they would report any concerns. One member of staff said, "If I had any worries I would go to the nurse in charge." Another member of staff said, "I am confident nursing staff would act if I had concerns."
● The provider's records showed they responded to and investigated any concerns. Action had been taken to prevent reoccurrence. The local authority safeguarding team had been notified by staff of any concerns.
● People were relaxed and confident with staff, we observed warm and friendly interactions.

Staffing and recruitment
● The provider had deployed sufficient numbers of staff to meet people's care needs. However, staffing levels had fluctuated since the start of the pandemic. On the day of our inspection we observed staff meeting people's needs in a timely and unhurried manner.
● People confirmed they received care when needed, one person told us, "When I press the call bell, which isn't often, I don't have to wait too long."
●One member of staff told us, "We suffered because of COVID-19. We can't always get agency staff to cover," and, "Staff pick up a lot of overtime shifts because we're short of staff."
● Staff had been recruited safely. The provider had effective recruitment systems in place to check the suitability of new employees.

Using medicines safely
● Medicines were managed safely. Medicines were all stored safely and in line with the provider's procedures. The temperature of medication storage areas was monitored and was within recommended guidance.
● Protocols were in place for ad hoc medicines such as pain relief or medicines to help people who experience periods of anxiety; these were personalised. Pain assessment tools were in use for those people who were unable to express the level of pain they had.
● Regular reviews of people's medicines took place with the relevant health professionals and these were documented.
● A senior member of staff carried out monthly audits to check on the safety of medicines storage and administration.

Learning lessons when things go wrong
● Incidents and accidents were reported. Copies of these reports were held in care plans which meant that staff had easy access to see what had happened. Post fall monitoring forms were in place which showed that staff thoroughly observed people, and checked their vital signs regularly for a set period after they had

fallen. The registered manager completed a monthly evaluation of incidents.

Good

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection care and treatment was not always in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) 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 11.

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 Act 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.

- Staff we spoke with understood the principles of the MCA and how to apply them; staff told us they had received training in this. Members of care staff understood that capacity could fluctuate, comments included, "A person may not have capacity in morning but does later on", and "It can be such a fine line. I always double check."
- People were assessed for their capacity to consent to aspects of their care, such as living at the service, the use of bedrails, and administration of covert medication. When people lacked capacity, best interest decisions were made, and these were clearly documented. This included decisions such as whether to be tested for COVID-19.
- We heard staff gain people's consent before supporting them. For example, we heard a member of staff say to one person, "Would you like me to walk with you to the dining room?" On another occasion we heard staff ask someone, "What can I do to help you? What would you like me to get for you?"

Staff support: induction, training, skills and experience
- Nursing staff said they were supported to maintain their professional development in line with registration

requirements. One nurse said, "I've just done some wound care training online. [The provider] provides really good training. Another nurse said, "The company is very proactive about training for staff. They've sent me on lots of courses about dementia care; it's something I'm really passionate about."

● Care staff told us they had an induction and shadowed permanent staff before delivering care unsupervised. One member of staff said, "They were very helpful and good." The provider's records showed staff completion of training was over 90% for the majority of courses. The registered manager said it was below the 95% target as new staff were still completing training.

● Nurses said they had regular supervisions and appraisals from a line manager. One nurse said, "[Deputy manager] is nearly always here and is very easy to talk to. I feel really well supported." Another nurse said, "I feel really supported. [Registered manager] is always available whatever time of day." A member of care staff told us, "I feel really supported by the [registered] manager."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law ; Supporting people to eat and drink enough to maintain a balanced diet

● People's needs were assessed before they moved to the service, and these assessments were used as the basis for planning people's care.

● Care plans contained assessments of people's nutritional needs. People's weights were monitored and when staff had concerns about a person's nutrition, advice was sought from the GP and dietician. It was not always easy to identify when people hadn't had enough to eat and drink because the service did not use food and fluid monitoring charts. Instead, this information was written in care staff daily records. However, the level of detail recorded was variable.

● One person told us, "I get plenty of drinks," whilst another said, "The food is OK but it's not my favourite." This person went on to say, "It was easier just to accept what was offered than try to change it." A relative told us, "They love the food, they really enjoy it and nothing is too much trouble."

● Dining rooms were clean and bright with tablecloths; this created a pleasant and welcoming effect. People were served meals of their choice in a calm and relaxed way and could take as long as they wished to eat.

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

● People were supported to maintain their health. Records showed nurses contacted health professionals for advice when needed. This included the GP, tissue viability nurse, physio, and speech and language therapist. The GP did not regularly attend the service, but nurses said they could arrange for a telephone consultation if needed. One nurse said, "The surgery asks us to email information over, which sometimes works, but not always. Face to face consultation is better."

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

● The environment was light, bright and airy. There was plenty of space and seating areas for people if they didn't want to sit in communal areas. There was a quiet room/chapel area available. Equipment was stored away in designated rooms which meant the corridors were free of clutter.

● There was a lift in the home for people who could not use the stairs. The home was accessible for people with compromised mobility.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. 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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The atmosphere was friendly, relaxed and welcoming. People appeared relaxed around staff, they were talking to them or sitting with them. We saw one person talking to two nurses about something that was concerning them. The nurses responded in a kind manner and asked how they could help. The person then said, "Oh you ladies are wonderful, so kind." One person commented, "It's all the small things that add up and make such a big difference to me and the family."
- When one person appeared to be unsure of which direction to walk, a member of staff approached them from the side and asked if they needed a hand to find their way.
- A relative told us, "There is a regular church service every week and someone comes to do communion every two or three weeks which can be individually in a resident's room if they would like. Faith is important to my relative."
- Nursing staff said they were confident that people received good care at the service. One said, "I encourage the staff to really get to know people and their life stories."

Supporting people to express their views and be involved in making decisions about their care

- One person's care records contained information about what was important to them. For example, staff were reminded, "They have a good long term memory and will engage in conversation. Do not talk down to them." Their records contained concise information about their life history and family, and gave a clear impression of their personality.
- Staff routinely supported people to make decisions about their care. For example, during lunchtime we observed staff ask a person, "Shall I just go and get you a clothes protector? You know what spaghetti is like; it has a habit of getting away from you."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One member of staff told us, "I do my best to speak in the correct way, to persuade people gently if they need personal care. It's about dignity, I don't want them to feel embarrassed."
- A relative told us, "The staff are wonderful and treat my relative very well, being patient with them when needed, trying to get them to do as much as they can but being ready to assist them when needed."
- People were encouraged to maintain their independence where possible. For example, care plan entries included, "Can wash upper body and face [themselves]", and "If staff put toothpaste on the brush, [person's name] will brush their own teeth."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Care plans reflected people's physical, mental, emotional and social needs. Plans were detailed and person centred to reflect people's choices and preferences for how they wanted to be supported. For example, in one person's hygiene plan it was documented that the person preferred to wear trousers or jeans but struggled with buttons and zips. Because of this, staff had asked the family of the person to buy some "jeggings" which would resolve the issue. In the same person's plan, their night time routine was described in detail, including the number of blankets they liked to have on the bed at night.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Staff had access to communication plans to inform them of the best way to interact with people. For example, written information could be presented in large font if needed.

● Communication plans were clear and informative. For example, "Speaks quietly, but clearly and can communicate [their] needs" and, "Limited communication. Can answer simple questions. Doesn't wear hearing aids but does wear glasses."

● Assessment tools, such as a recognised pain assessment tool were in use for when people could not tell staff how they felt.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People's preferences for how they liked to spend their time were documented. Examples included, "Does not watch TV. Likes music on during the day, but not too loud. Prefers Radio 2 or Radio Bristol," and "Family visit regularly. Has a newspaper delivered daily but likes to take [their] time reading it, so please ask before disposing of old ones."

● One person told us, "There are lots of activities if you want to join in with them, some I do but some aren't really my thing." We were told about some of the initiatives in the home by the activities coordinator, "One volunteer took gardening into the rooms of those not able to make it outside. They had a day when they brought the seaside to Torrwood with a sand pit for a beach, and paddling pool where residents could go 'fishing' for floating animals. Staff dressed up in 1920's swimwear, made a walker into a vendor's bike selling ice creams with inflatable sharks and seagulls hanging from the ceilings.

● The registered manager told us that staff often brought their dogs into the home as many people missed

having a dog and loved to have visits.

● People were encouraged to maintain contact with friends and family. The service was gradually reopening to visitors and when visits were not possible due to geography, people were supported to use video calling platforms to speak to relatives. The service used social media where families could post photos with a caption. Staff printed these out in the form of a news sheet for the individual resident. Where residents didn't have family to do this for them individual staff members posted photos of different things for those residents so they didn't feel left out.

● People's spiritual needs were met. When people expressed a preference for a visit from a chaplain, this was supported, and records showed this happened regularly.

Staff kept friends and relatives informed and updated on how people were. Communication records showed that regular contact was maintained. Families were involved in care plan reviews. We looked at a review with one person's relative and their comments were, "Happy with all care."

Improving care quality in response to complaints or concerns

● Since the last inspection the service had not recorded any complaints. The registered manager told us that they thought this could be due to the pandemic and restrictions on visiting.

End of life care and support

● End of Life plans were in place and where possible staff encouraged family and friends to help write these so that people's wishes could be included.

Good

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 requires improvement. At this inspection this key question has improved to 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

At our last inspection systems and processes were not operating effectively to ensure the quality of the service; assess, monitor and mitigate all risks and ensure accurate, complete and contemporaneous records of people's care. This was a breach of regulation 17 (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.

● The provider had a range of service and provider level audits in operation. These audits had been completed at their prescribed intervals. However, the system in place for recording and monitoring position changes and mattress settings was not clear. This meant it was difficult for staff to ensure people had been repositioned at the necessary intervals, and that any air mattresses were at the correct setting. Their system of audits had not identified this. We raised this with the registered manager and area manager on the day of inspection who told us a system would be implemented. We have now received confirmation of the system in place.
● Audits had identified any shortfalls and action had been taken to remedy these. Audits were completed of infection control, weights, mealtime experience and medicines. There was a comprehensive system in place for checks of environmental risks which recorded when any required maintenance had been carried out.
● There were systems in place to manage the risk of COVID-19. This included clear directions on the use of Personal Protective Equipment (PPE), regular testing of staff and procedures for visiting including a rapid test.
● The provider had a system in place to monitor staff training and supervision.
● The Care Quality Commission had been notified by the provider and manager of incidents which had occurred in line with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● We observed people were relaxed with the staff team and supported to spend time wherever they wished. A relative we spoke with told us, "The staff have really pulled out the best in my relative, it is lovely."
● People's care records contained information about their individual needs and preferences. Care plans

identified areas in which people were independent and aimed to maintain this. Records showed people's identified care needs were assessed and action taken to meet these.
● Care plans in relation to wound care were detailed and included guidance on how the wound should be dressed, the frequency, and photographs were in place showing wound dimensions. Care plans reflected people's physical, mental, emotional and social needs. Plans were detailed and person centred to reflect people's choices and preferences for how they wanted to be supported.

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
● Staff at Torrwood Care Centre understood their obligations under Duty of Candour. Records showed relatives were informed when an incident occurred and updated about any outcome.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff we spoke with were positive about working at Torrwood Care Centre. They told us the team was supportive and they could approach senior staff if they needed advice. Staff told us, "We all enjoy what we do." Staff attended team meetings and were able to contribute their views.
● A relative told us "They are never too busy to talk to me". Staff kept friends and relatives informed and updated on how people were. Communication records showed that regular contact was maintained. Families were involved in care plan reviews. We looked at a review with one person's relative and their comments were, "Happy with all care."
● Nursing staff told us, "[Registered manager] works so hard. They did a night shift the other day because we couldn't get agency cover. They really go the extra mile." They also commented, "The staff worked so hard to keep people safe; they didn't go out and they didn't even go to see their own families."

Continuous learning and improving care
● The provider had a service improvement plan in place. This had been updated as actions were completed. However, the service had been focussed on coping with the COVID-19 pandemic and minimising associated risks.

Working in partnership with others
● Staff at the service worked with other professionals. The GP was contacted by the home frequently. People were visited by district nurses, physiotherapists and a chiropodist.