

Greensleeves Homes Trust

Torkington House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Torkington House is a care home for up to 32 older people, some who may be living with the experience of dementia. At the time of our inspection, there were 28 people living at the service.

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

At this inspection we only looked at some aspects of the service and have not made judgements about other areas.

People received personalised care and support. Staff knew them and their needs well and provided kind and considerate care.

People's medicines were managed in a safe way and they received medicines as prescribed. They were able to see health care professionals when they needed, and the staff worked closely with these professionals to make sure their needs were met.

The risks to people's safety and well being had been assessed, monitored and met.

There were systems to protect people from abuse and to investigate and learn from accidents, incidents and complaints.

There were enough staff to care for people and meet their needs. There were appropriate systems for recruiting staff.

The environment was safely maintained and there were systems to protect people from the spread of infection.

There were suitable systems for monitoring and improving the quality of the service.

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 rating at the last inspection, 21 January 2020 (Published 19 February 2020) was requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, "Is the service safe?" and "Is the service well-led?" which contain those requirements.

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

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Torkington House

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 was conducted by an inspector and an assistant inspector who visited the service. A member of the CQC medicines inspection team carried out a remote inspection, by looking at records and speaking with staff about how medicines were being managed.

Service and service type

Torkington House 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 the inspection

We looked at all the information we held about the service. This included the last inspection report and the provider's action plan. We had also carried out an Emergency Support Framework call to the provider (a telephone call where we assessed how the service was managing during the COVID-19 pandemic) in June 2020. We looked at other records we held which included notifications of significant events.

During the inspection

We met people who used the service and observed how they were being cared for. We spoke with staff on

duty. We looked at care records, records of staff recruitment and training, records relating to medicines management and other records used by the provider for managing the service.

After the inspection

The medicines team inspector continued to look at records and spoke with staff at 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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection, we identified medicines were not always managed safely. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found there had been enough improvements, and the provider was no longer breaching Regulation 12.

- Medicines were administered and stored safely. The staff had training so they knew how to administer medicines. Records of administration were accurate.
- Staff administered medicines as the prescriber intended. However, support (such as de-escalation techniques) provided to people prior to the administration of medicines to manage their behaviour, was not always recorded. We discussed this with the deputy manager who agreed to ensure this was recorded in the future.
- People's medicines care plans included additional information about prescribed medicines and how people liked to take their medicines.
- Staff followed protocols for medicines prescribed on a 'when required' (PRN) basis.
- The service had a medicines policy and staff followed processes for ordering medicines so that they were available when people needed them.
- Staff carried monthly medicines audits and acted on recommendations from an annual pharmacy audit. Staff meetings took place to share the learnings from medicines related incidents.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems for keeping people safe from abuse and harm. There were appropriate procedures for safeguarding adults and whistle blowing. The staff received training in these and they were regularly discussed at meetings. The staff demonstrated a good knowledge of how to respond if they suspected someone was being abused.
- The provider had worked closely with the local safeguarding authority following allegations of abuse, to make sure these were investigated and people were protected from further harm.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed and planned for. The staff had created individual risk assessments including those relating to physical and mental health, falling, mobility, skin

integrity and nutrition. These were appropriately detailed and included guidance from health care professionals as well as plans to keep people safe and reduce the risks. Assessments and plans were regularly reviewed and updated.

- The environment was safely maintained. The staff carried out checks to make sure equipment and the building were safe to use. There were appropriate systems for fire safety including information about how people should be safely evacuated in event of an emergency.

Staffing and recruitment

- There were enough staff deployed to meet people's needs and keep them safe. Following our last inspection, the provider had reviewed and increased senior staffing levels to help ensure people received their medicines safely and on time.

- The provider had suitable systems for recruiting new staff. Since the start of the COVID-19 pandemic, the provider had introduced an initial virtual interview with potential staff. The staff then provided various documents such as proof of identity and eligibility to work in the United Kingdom. The provider requested references from previous employers and a check on any criminal records. We saw evidence of these checks within staff files.

- Newly employed staff took part in comprehensive inductions, where they undertook a range of training and observed how experienced staff worked. Their skills and knowledge were monitored and assessed by managers before they were able to work independently.

Preventing and controlling infection

- The provider had appropriate systems for preventing and controlling infection. These had been reviewed and updated in line with guidance around how to manage the service during the COVID-19 pandemic. All staff and people using the service were regularly tested. Staff wore appropriate PPE (personal protective equipment) and there were hand sanitising and washing stations throughout the home and in areas where visits took place.

- There had been new procedures for accepting visitors into the home and making sure people using the service, staff and visitors were kept safe. There had also been improved cleaning and regular infection control audits and checks to help make sure the environment was safe.

- Policies and procedures for cleaning and infection control had been reviewed and updated and all staff undertook regular training to make sure they understood about their responsibilities.

Learning lessons when things go wrong

- There were systems for learning from adverse events and when things went wrong. The provider developed an action plan following the last inspection and regularly reviewed this, updating information as changes took place.

- All accidents, incidents and complaints were recorded, investigated and responded to. The provider analysed these, and staff discussed them at team meetings so they could learn from the incidents and improve practice.

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 now 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.

Continuous learning and improving care

At the last inspection, we identified systems and processes for monitoring and improving the quality of the service were not always operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found there had been enough improvements and the provider was no longer breaching Regulation 17.

- The provider had made improvements to the way medicines were managed and the audits of these. Learning from problems identified at the previous inspection, they had increased staffing levels to ensure medicines rounds were carried out effectively. They had also introduced a system of checks each day to help make sure people had received their medicines as prescribed.
- There was an action plan which was regularly reviewed and updated to make sure improvements were being monitored. The senior staff team held regular meetings to discuss areas of concern and how to make improvements. They shared this information with staff and there was clear learning when things went wrong.
- The provider organised for regular audits by their quality monitoring team. These were comprehensive and involved looking at different key aspects of the service. They produced a report of their findings and shared this with the registered manager, so any areas of concern were addressed. We saw the registered manager had made the necessary improvements following these reports.
- The management team had a good overview of people's needs and tracked any changes in these, including illness, accidents, weight loss or falls. As well as adapting people's individual care in response to these, they also analysed the information so they could identify any trends or patterns and take appropriate action.

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

- The culture at the service was person-centred and inclusive. People were relaxed and happy. The staff met their individual needs and respected their wishes. We saw examples of personalised care including staff speaking with people in the person's first language and providing activities which reflected their interests and choices. At one point during our inspection, a person became unsettled and upset. The staff knew the

person liked to play the piano so they asked them if they would play something. The person then spent time at the piano which helped comfort them and provided entertainment for others.

- People's individual needs, such as cultural and religious needs were being met. Their care plans provided detailed information about these, and staff arranged events and activities specifically to reflect people's needs. The provider had started to look at ways to provide a more inclusive and welcoming environment for people who identified as LGBT+ (Lesbian, Gay, Bisexual and Transgender). They had committed to engage in different events to celebrate diversity and provided information and literature for staff and people using the service.
- The provider had signed up to the 'Eden Alternative', a philosophy which looked at providing more person-centred care, particularly trying to combat loneliness, helplessness and boredom. The project looked at ways staff could encourage people to be actively involved in different activities and tasks. The staff received training in this philosophy and their knowledge and how they applied this was tested by the management team. The provider had collated evidence to show examples where they had supported people to make independent decisions and have fun.
- The staff explained how they supported people who were at the end of their lives. They made sure these people had family visitors at their bedside where possible. The activities coordinator also told us people were not left alone when they were dying. They said staff sat with them and made sure they had the things around them which were important to them, such as their choice of music.
- Staff told us they felt well supported and empowered in their work. The provider rewarded and complimented staff for good work, including nominating some staff for awards.

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 provider had policies and procedures which were regularly reviewed and updated. Information about these was shared with staff and other stakeholders. There were suitable procedures relating to complaints, safeguarding and duty of candour.
- We saw the provider had responded appropriately to adverse events, investigating these, learning from them and explaining what had happened to relevant people, including making an apology when needed.

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

- The registered manager had worked at the service for many years and was experienced. They worked alongside the deputy manager and other staff, and they knew the needs of the service well. The management team were aware of the legislation and good practice governing care homes. Feedback about the registered manager from staff was positive.
- Area managers and the provider's quality team offered support to the service, visiting regularly to undertake checks and audits.

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

- The provider had worked hard to remain in close contact with families, friends and the local community during the COVID-19 lockdown period. Families and friends were able to visit their loved ones following new rules to ensure safety and social distancing. The staff also supported people to make video calls and telephone calls to their relatives. The activities coordinator and managers regularly emailed families and other stakeholders to make sure they were up to date with changes at the service.
- The provider made use of social media to share good news stories and information about the service. They also had connections with local schools and businesses who had shared letters and gifts during the lockdown.

- The provider asked stakeholders to complete surveys about their experiences. Relatives were also contacted so they could contribute to the reviews of people's care.

Working in partnership with others

- The staff worked closely with other healthcare professionals to make sure people's needs were being met. There was good communication between the different professionals and information was incorporated into care plans.
- The registered manager attended forums and worked closely with other managers and the local authority within the London Borough of Ealing. The management team and activities coordinator also took part in working groups within the organisation to share ideas and develop good practice.