

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Turfcote Care Home with Nursing

Helmshore Road, Haslingden, Rossendale, BB4  
4DP

Tel: 01706229735

Date of Inspection: 22 January 2014

Date of Publication: February  
2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Records**

✓ Met this standard

## Details about this location

Registered Provider	Marshmead Limited
Registered Manager	Mrs. Elizabeth Ford Irwin
Overview of the service	Turfcote is registered to provide care, support and accommodation for 76 people. The home has two units. Grane View provides nursing and personal care for to up to 30 people who have mental ill-health and Tor View provides general nursing and personal care for up to 46 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Turfcote Care Home with Nursing had taken action to meet the following essential standards:

- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 January 2014, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider and reviewed information sent to us by commissioners of services.

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### What people told us and what we found

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At our inspection on 17 September 2013 we had concerns that people's records did not accurately reflect their needs or the care and support being given which could result in inappropriate care. Following the inspection the provider sent us an action plan to inform us of the improvements they intended to make to their records.

During this inspection we looked at three people's care records, observed staff practice and spoke with three staff. We found the information in people's care plans had improved.

People's preferences, routines and needs were clearly recorded which should help to support that people's choices were respected and should prevent any 'institutional' type practice.

Staff had recorded the level of support people needed with everyday tasks and the reasons behind taking 'best interest' decisions for people. This should help keep people safe.

Records reflected any equipment in use and the care and support needed to reduce any identified risks.

There were records of people's meal choices. This should help to determine whether people's nutritional needs were being met, particularly on Grane View.

A detailed care plan 'audit' tool had been introduced since our last inspection. Care plans were regularly checked by a senior member of staff who identified any shortfalls for staff to action. Staff told us the system was effective and improvements had been made to the way people's needs, care and support was recorded.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

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### Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

At our inspection on 17 September 2013 we had concerns that people's records did not accurately reflect their needs or the care and support being given, which could result in inappropriate care. Following the inspection the provider sent us an action plan to inform us of the improvements they intended to make to their records.

During this inspection we looked at three people's care records. One from Tor View and two from Grane View. We spoke with three staff and observed staff practice. We did not speak in depth with people living in the home. We found the information in people's care plans had improved.

People's preferences, routines and needs were clearly recorded. For example, people's preferred rising and retiring routines were now recorded in their care plan and any information about why people's routines had changed was recorded in the daily report. This should help to support that people's choices were respected and should prevent any 'institutional' type practice. We also spoke with staff who told us which people had been up early on the morning of the inspection; this was supported by information in the care plans.

Records showed a number of people were unable to make decisions about care for themselves. However, staff had recorded the level of support people needed with everyday tasks and the reasons behind taking 'best interest' decisions for people. This information had been shared and agreed with people's relatives during regular reviews. This should help keep people safe.

Records now reflected the moving and handling and pressure relieving equipment in use and any care and support needed to reduce any identified risks.

There were records of meals served and of people's individual choices. There were also records to support supper had been provided. This should help to determine whether people's nutritional needs were being met, particularly on Grane View. However, the

provider may find it useful to note that there were still a number of gaps in the recording of suppers. The deputy manager told us this would be kept under review. Staff told us that the importance of maintaining these records had been discussed at a recent staff meeting.

We found the detail in the daily reports had generally improved and reflected how people's needs or choices were being met. However, the provider may find it useful to note that the records did not clearly reflect how people's social needs were being met.

We found that a detailed care plan 'audit' tool had been introduced since our last inspection. Care plans were regularly checked by a senior member of staff who identified any shortfalls for action. Staff told us the system was effective and that improvements had been made to the way people's needs, care and support was recorded.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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