

Arterne Care Limited

Thornbury Villa

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

Thornbury Villa is a residential care home that provides personal care for older people. Thornbury Villa is registered to accommodate 14 people, at the time of the inspection 11 people lived at the service.

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

People told us they felt safe and were happy with the care and support they received. People were protected from avoidable harm and abuse. There were sufficient numbers of staff to meet people's needs. Recruitment processes ensured new staff were suitable for their role. Staff enjoyed their job roles and felt supported by the management team and had the skills to meet people's needs.

People received their medicines as prescribed. Risks to people were assessed and known. Staff knew people's dietary and health needs and provided appropriate care and support. Staff followed safe infection prevention and control practices.

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. People's dignity and privacy was respected. People told us staff were caring and supported them to maintain their independence. People had access to a range of activities and were supported to maintain contact with their family and friends.

The provider, manager and staff were clear about their roles and responsibilities. People's views about the service were sought and listened to. Checks were completed to ensure standards of quality and safety were being maintained during a transition from a paper-based system to an electronic record and governance system.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was outstanding, published on 7 January 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Thornbury Villa

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of one inspector and one assistant inspector.

Service and service type

Thornbury Villa is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Thornbury Villa is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with the provider who also was the nominated individual. They are responsible for supervising the management of the service. We spoke with the manager and five care staff. We also spoke with three people who used the service and three relatives. To help us assess and understand how people's care needs were being met we reviewed care records. This included medicine records and a variety of records relating to the management and governance of the service, which included recruitment and training records. We observed how people were being cared for and looked around the service observing infection prevention control practices.

After the inspection

We continued to seek clarification to validate evidence found. We looked at records sent to us after the inspection.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The manager had assessed and monitored risks to people's safety.
- However, when we reviewed care records including risk assessments, we found the information required was difficult to find. This was because records were in the process of being transferred to an electronic system. Current and past information was kept electronically, or paper based. Although staff knew people well, this meant staff might lack access to the necessary guidance to meet people's needs in a timely manner. We were satisfied risks to people's health were being managed.
- We discussed this with the provider and manager who told us they were working hard to implement the new electronic system. They explained the measures they had in place such as mobile technology to provide advice and guidance to staff which would ensure people received safe care.
- Personal Emergency Evacuation Plans (PEEPS) were in place, they gave staff guidance to evacuate people safely from the premises in the event of an emergency such as a fire.
- Checks were undertaken regularly on the safety of the environment and equipment and, action was taken when required.

Systems and processes to safeguard people from the risk of abuse

- People said they were "safe" living at the home and were supported in a caring and considerate way. One person commented, "I feel very safe here."
- The provider had safeguarding systems in place to protect the people who lived at the home.
- Staff understood their responsibilities to report any concerns and had training in safeguarding people. The manager had informed the local authority safeguarding team when incidents had occurred and took action to prevent reoccurrence.

Staffing and recruitment

- There were sufficient numbers of staff to meet the needs of people at the service.
- Staff recruitment records showed there were safe recruitment processes in place. These included checking references of suitability and character and completing a Disclosure and Barring Service (DBS) check. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A dependency tool was used to determine staffing levels to meet people's needs. The provider and manager continued to recruit new staff although some agency staff were used; these were regular agency staff who knew people and their routines.

Using medicines safely

- People's Medicine Administration Records (MAR) were reviewed, these contained information staff needed to support people to have their medicines safely. However, we found protocols missing in some records for medicines prescribed 'as required' or PRN. Protocols are important as they help staff understand when it is appropriate to offer PRN medicine.
- Staff completed training to administer medicine and their competency was checked to ensure safe practice.
- People's medicines were received, stored and administered safely. Audits of medicines were completed to ensure people received their medicine as prescribed and to ensure policies and procedures were followed. Any errors or concerns identified appropriate action was taken, including learning opportunities for staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The service facilitated visiting in line with national guidance.

Learning lessons when things go wrong

- Accident and incidents were reported and monitored by the manager to identify any trends.
- Lessons learnt were discussed with staff so any learning could be shared.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they came to the service to ensure the right care could be provided.
- We saw care staff recorded changes in people's care needs and both people and their relatives confirmed they were involved in the development of the care they received.
- People were referred to other agencies such as district nurses or GP's when their needs or health circumstances changed to ensure they continued to receive effective care.

Staff support: induction, training, skills and experience

- Staff were knowledgeable about the needs of the people they were supporting. We reviewed the providers training matrix which evidenced staff received appropriate training to meet the needs of the people living at the service.
- Processes were in place to ensure staff had the support and competency to meet people's needs.
- New staff completed an induction programme, which included shadowing and training. New staff to care completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported by staff to maintain good nutrition and hydration. One person said, "The food is excellent, a good variety and lots of vegetables. You can have alternatives, if you wish." Another person commented, "The food is absolutely brilliant, you cannot fault it at all and it's really lovely."
- Staff were knowledgeable about people's dietary needs and preferences. People's weights and details of food and fluid were monitored if required.
- We saw the mealtime experience was relaxed and sociable and people could choose where they ate their meals. Where people found it difficult to choose a meal, they were offered alternative choices.

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

- People had access to healthcare services and other professionals according to their needs. These included their GP and nursing teams.
- Staff monitored people's health care needs and would contact and inform relatives, the manager and healthcare professionals if there were any changes in a person's health needs.

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

- Some parts of the building required work in relation to en-suite facilities, storage and decoration. The new provider was working with architects to upgrade these amenities and refurbish the premises.
- The premises provided people with choices about where they spent their time and there was access to an outside patio area.
- People's rooms were personalised and where required equipment was available to support their individual needs.

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

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

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

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

- We saw people were asked to consent to their care and offered choices around their daily care needs.
- People were involved in decisions about their care where they had capacity to do so.
- Staff followed the principles of the MCA and the manager had applied for DoLS where this was appropriate.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and their relatives gave positive feedback about the caring nature of the staff. One person said, "It's really good here. [Staff] are very kind and that goes along way." A relative commented, "Staff take their time to get to know the person."
- Staff were kind, friendly and attentive to people and we saw positive interactions between staff and people.
- People told us staff knew their preferences and cared for them in the way they liked. For example, one person preferred to stay in their room and staff respected their decision.
- People's spiritual needs and individuality were respected and known to staff.

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

- People were involved in making decisions about their care and staff were knowledgeable about people's choices and preferences. For example, one person preferred a female member of staff when receiving personal care. Staff respected their decision.
- Relatives confirmed people's choices were valued. For example, one relative explained how the service acknowledged their family member's view on their daily routines and their choice of furnishing in their room.
- Relatives confirmed staff involved them when people needed help or support with decision making. People and relatives felt valued and listened to.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity. People were dressed appropriately for the warm weather and well presented.
- Staff ensured people received the support they required whilst promoting their independence as far as possible. One person explained how staff supported them to be as independent as possible in relation to their personal care.
- Staff described how they ensured people received the support they needed during personal care as well as maintaining their dignity and privacy. For example, staff explained what they were doing as well as making sure doors and curtains were closed during this activity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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

- From our conversations with staff it was clear they knew the people they supported well. All the people we spoke with told us they were happy with the care they received. One person described their care as "Brilliant."
- We observed people received individualised care which reflected their choices, needs and preferences. For example, around their spiritual beliefs or dietary preferences.
- Improvements were in progress in relation to care records and documentation. The service was implementing an electronic care record system. As a result of the transitional phase some records required updating or information was duplicated which could be confusing about the support people needed. The provider and manager were aware of the shortfalls and improvements were underway with timescales for completion.
- However, processes such as a handover at the start of a shift and mobile technology ensured staff had an overview of people's needs, risk and any changes to their care routine. This provided guidance to staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of pre-admission assessment.
- Conversations with staff and care records included people's preferred ways of communicating. This included information about any sensory needs.

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

- Staff supported people to maintain contact with their families and friends, along with providing activities for people to participate in. Such as film nights and pampering sessions.
- People commented positively on the activities available to them. One person said, "We do have someone come in and [they] are brilliant we all get together and have a good sing-song and it's great but I also quite like my own company."

Improving care quality in response to complaints or concerns

- The provider had a procedure for responding to any complaints. People and their relatives knew who to

speak with if they had any issues and said they would have no hesitation in raising any concerns. One person said, I would go to any of the staff if I had any problems, they are all good, but I know who is in charge." Another person commented, "If I had any concerns which I don't, I would go to [provider name]."

- Records showed complaints were managed appropriately, improvements were made where possible and lessons learnt shared with staff.

End of life care and support

- At the time of the inspection, there was one person receiving end of life care.
- Staff provided compassionate care to people who were nearing the end stages of their life and worked with healthcare professionals to ensure people received the right support at this sensitive time.
- Care records contained information about people's wishes in relation to their end of life care. For example, their spiritual needs and DNACPR (do not attempt cardiopulmonary resuscitation) information. DNACPR means if a person's heart or breathing stops healthcare teams will not try to restart it.
- Records were kept complementing and thanking the staff for their care and support at the end of their relative's lives. One compliment said, "Thank you for all the wonderful care of our beloved [person's name] and for your kindness and love towards them."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The service has been without a registered manager since May 2021. The service had appointed a manager who will be submitting their application to the Care Quality Commission.
- The provider had processes in place to check and improve the quality of care. However, the service was in a period of transition, moving from a paper-based record system to an electronic system. This meant it was difficult for staff to locate and document current information in a consistent place and for processes to be embedded into practice. Although we identified no impact for people living at the service further work was needed to implement, develop, archive and sustain systems and processes for quality monitoring.
- The provider and manager were open and honest about what improvements were required and were working towards continually improving the service delivered.
- There was a clear management structure within the service and the staff understood their roles and responsibilities.
- The new manager was clear about their role and responsibilities and staff spoke positively about them. One member of staff commented, "They have been very welcoming. I get on with everyone and [provider], they ensure we have got all the policies and procedures and that we practice person-centred care all the time, they make sure we have the equipment and the resources we need."

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

- The provider and manager were knowledgeable about the people living at the service and worked hard to ensure they were delivering person centred care by supporting the staff and having regular contact with people and their relatives.
- The provider and manager promoted a positive culture and encouraged feedback from people, their relatives and staff.
- People and their relatives told us they felt listened to and involved with the service and communication was good. People and their relatives told us the service was homely and family orientated.
- Staff told us the morale within the service was good and they felt involved in the day to day running of the service. One member of staff said, "I love it [here] we have got a great group of residents and workers and we all get along. [Nominated individual] is an amazing boss and I can go to them with anything." Another staff member said, "I think the management are great I have come here and I basically love it."

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; Continuous learning and improving care

- The provider and manager demonstrated an open and transparent approach and understood their responsibilities under the duty of candour.
- Throughout the inspection the provider and manager were committed to improving the quality of the service and discussed their plans for improvement both in relation to care records and governance as well as refurbishment.
- The provider and manager understood their legal responsibility to notify CQC about events that affected people's safety and welfare. CQC have received statutory notifications relating to significant events that had occurred within the service such as safeguarding.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff received supervisions to discuss any requirements they might have and to go over any practice issues. There was also staff meetings and updates and information shared via mobile technology.
- The provider sought feedback from people using the service and their relatives by completing reviews, surveys and using new technology and mobile apps. Feedback received was positive.
- The provider worked in partnership with GP's, district nursing teams and other healthcare professionals.