

Barchester Healthcare Homes Limited

Thistle Hill Care Centre

Inspection report

Thistle Hill
Knaresborough
North Yorkshire
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Thistle Hill Care Centre is a nursing home providing personal and nursing care to 70 people at the time of the inspection. The service can support up to 85 people.

Thistle Hill Care Centre accommodates people across three separate wings with their own adapted facilities. The Deighton wing supports people living with Dementia, the Ripley wing supports people with physical nursing needs and the Farham wing supports younger adults with physical health needs.

The premises are fully accessible with a lift to access the Deighton wing with Ripley and Farnham being on the ground floor.

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

Quality assurance systems were not robustly operated to monitor the quality and safety of the service provided.

Not all incidents were notified to the Care Quality Commission (CQC), which the registered manager is legally required to do.

People were not always kept safe. Staff did not follow infection prevention and control guidance correctly and personal emergency evacuation plans (PEEPs) were out of date or not fully completed. Staff training was not robust, and lessons learnt from mistakes were not shared with the staff to prevent reoccurrence.

The service had safeguarding systems in place and medicines were managed safely.

The registered manager promoted a positive person-centred culture; they involved people and their relatives in decisions about the service. There were good working relations with partner organisations who regularly visited the service.

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.

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 this service was good (published 17 July 2018).

Why we inspected

We received concerns in relation to the management of medicines, moving and handling techniques, staffing

levels and the dignity people received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Thistle Hill 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 was completed by an inspector, medicines inspector 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

Thistle Hill 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.

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. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with nine members of staff including the regional manager, registered manager, deputy manager, nurses, chef, domestic and maintenance person.

We reviewed a range of records. This included six people's care records and 15 medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with five relatives and three members of staff. We reviewed a range of records including policies, audits, staffing rotas and environmental safety documents. We continued to seek clarification from the provider to validate evidence found. We spoke with one professional who visits 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Systems were not up to date to minimise risk of harm in the event of an emergency.
- Staff did not update essential risk assessments to keep people safe. For example, people's personal emergency evacuation plans (PEEP) and the PEEP folder for the whole home were not up to date. This meant staff did not have access to complete information on how people needed to be supported in the event of a fire.

The failure to make sure systems were in place to meet fire safety requirements was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had risk assessments in place to identify and outline how to manage risks safely. For example, people who required support with a specialist medical device had detailed plans and assessments in place to manage this. One person told us, "Yes, It's safe. I have no worries," whilst another person told us, "It is safe because of the staff. You know everybody."
- Mandatory environmental safety checks, such as fire risk assessments and water temperature checks, were completed regularly.

Preventing and controlling infection

- Staff did not always wear face masks to protect people from the risk of COVID-19. This was largely not in the presence of people who lived at the service however, staff did not replace masks in line with good practice.
- The service was not always clean where we found areas of the service that had not been safely cleaned. The registered manager took quick remedial action once this had been identified.

The failure of staff to safely wear face masks and for the service to be cleaned was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The Registered Manager had not always reviewed incidents to share learning with staff and minimise the risks to people. For example, one person had a series of skin tears over a period of several days. A review for trends and lessons learnt of these injuries had not been completed where staff did not receive feedback on how to avoid similar events recurring.

Staffing and recruitment

- Staff were recruited safely, and the service had enough staff to meet the needs of people living there. One staff member told us, "Staffing levels are okay. There are usually five staff, sometimes six. There are enough of us for work to be manageable." One person told us, "[The staff] always come quickly, day or night."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse.
- The provider followed local safeguarding procedures wherever necessary and reported any incidents or allegations of abuse to as required. One relative told us. "I find the care okay, and I have no concerns. My [Relative] is safe there."

Using medicines safely

- Peoples medicines were managed safely, and medicines records were all complete.
- Staff who administered medication had a good understanding of safe medicine practices and had competency checks in place. One person told us, "The nurse brings my medicines. They understand me and my [Medical condition]."

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- Quality assurance processes were in place, but not robustly carried out. Audits and checks did not effectively identify poor practices or recognise documentation needed to keep people safe was outdated. For example, we observed poor infection prevention and control practices, lack of staff training, incomplete fire evacuation documents, outdated PEEPS and areas of the premises which were not clean.
- The Registered Manager had not consistently taken action to ensure lessons were learnt to share feedback with staff to minimise events recurring. Referrals have been made to the Local Authority where there had been incidents or alleged abuse/neglect. However, there was one event where CQC were not informed of a notifiable incident.
- The registered manager did not effectively review all accidents and incidents to learn how incidents can be avoided again. This impacted on the reliability of the shared information with other agencies, people and their relatives.

Failure to operate an effective quality assurance system, assess, monitor and mitigate risks to people and implement systems or processes that are established and operated effectively to ensure compliance with regulations is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where there was a complaint, this was investigated and responded to.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager promoted a positive person-centred culture which empowered people to have good outcomes.
- People were supported to make their own choices and decisions. For example, people who could manage their own medication were supported to do so. Staff supported people who were unable to make their own decisions by working within the principles of the Mental Capacity Act 2005.
- People and their relatives had the opportunity to provide feedback and the provider worked in

partnerships with others and people within the service. One person told us, "I do go to residents' meetings. We get what we ask for." Another person told us, "We have questionnaires. Staff fill them in. I say it and they write it down."

- The service had links with the local community organisations such as the GP, district nurses and social care professionals who routinely visited the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 People were not protected from the risk of harm in relation to infection control and fire safety. The provider did not have robust systems in place to make sure PEEPS were up to date and had the correct information in.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 People were not protected against the risk of harm as the provider did not have robust systems in place to identify shortfalls in practice, recognise documentation needed updating or learning from lessons.