

Shaw Healthcare (Group) Limited

Thackley Green Specialist 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

This inspection took place on the 4 and 5 May 2016 and was unannounced.

The service is registered to provide accommodation for up to 51 older people who require nursing care and rehabilitation. People staying at the specialist care centre have a range of needs including those living with dementia and some who had physical and sensory disabilities. The service provides respite care and rehabilitation for those people who may be recovering from surgery or illness. At the time of our inspection there were 22 people staying there.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were appropriate recruitment processes in place and people felt safe in the Centre. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

There were sufficient staff to meet the needs of the people staying at the Centre; staffing levels were kept under review.

Staff were supported through regular supervisions and undertook training which helped them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People received care from staff that were kind, compassionate and respectful. Their needs were assessed prior to coming to the Centre and care plans were in place and were kept under review.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

There were a variety of audits in place and action was taken to address any shortfalls. Management was visible and open to feedback, actively looking at ways to improve the service.

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.

People felt safe and staff understood their roles and responsibilities to safeguard people.

Risk assessments were in place to ensure people's safety

There were sufficient staff; staffing levels were reviewed regularly to ensure people's needs could be met.

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Is the service effective?

Good ●

The service was effective.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People had access a healthy balanced diet and their health care needs were regularly monitored.

Is the service caring?

Good ●

The service was caring.

People received their support from staff that were friendly and treated them with kindness and compassion.

People were treated as individuals and staff respected people's dignity and right to privacy.

People were encouraged to express their views and to make choices.

Visitors were made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they came to stay at the Centre to ensure that all their individual needs could be met.

People's needs were continually kept under review and relevant assessments were carried out to help support their care provision.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The view of people's experience of the care and support was actively sought to enable the leadership to look at ways to continually improve the service.

There was a culture of openness and a desire to work with other health professionals to achieve the best possible outcomes for people and their families.

Quality assurance audits were regularly undertaken to ensure that standards were maintained and action taken to address any shortfalls.

Thackley Green Specialist Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 5 May 2016 and was unannounced. The inspection team comprised of one 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. In this instance the expert-by-experience had experience of supporting both family members and friends in residential and nursing care settings.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we inspected the service and made judgements in this report. We reviewed the completed PIR and previous inspection reports before the inspection. We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service.

During our inspection we spoke with 13 people who used the service, 14 members of staff including one nurse, seven care staff, three team leaders, five support staff, the deputy manager and the registered manager. We were also able to speak to two relatives, one friend and four health and social care professionals who were visiting at the time.

We looked at records and charts relating to seven people staying at the Centre and four staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

During our visit people were relaxed and happy in the presence of the staff. The people we spoke with all said they felt safe in the home. One person told us "I feel very safe this is much better than the other home I went to, I don't think I'd go anywhere else now"

The staff we spoke with all understood their roles and responsibilities in relation to keeping people safe and all knew how to report any concerns they may have. We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team were all readily available to staff. Staff told us that if they had any concerns they would speak to the registered manager or deputy manager and if they were not satisfied with what happened they would report the incident outside of the Centre. Management had submitted safeguarding referrals which demonstrated their knowledge and understanding of the safeguarding process. Where safeguarding referrals had been made we saw that the issues raised had been appropriately investigated and any lessons learnt were used to continually develop their practice.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people identified as being at risk of damage to their skin due to pressure or who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks. Records showed that the care specified had been provided for example people were supported to change their position regularly and had their food and fluid intake monitored to ensure their well-being. We saw that the information recorded for each person was kept up to date and that the night staff collated the information each day which helped the nurses and team leaders to monitor people's general health and well-being and keep them safe

People told us that they felt there was a sufficient number of staff. The staff we spoke to said they felt there were enough staff and that the levels of staffing depended on the level of needs of the individual people staying in the Centre. As a rehabilitation unit the aim is to encourage people to do as much for themselves as possible, enabling people to regain and retain their skills. We observed staff responding to call bells and spending time with individuals throughout the day. One person told us "I have a call bell in my room and the staff are marvellous they come straight away when I use it." A member of staff told us "I never feel I have to rush people and we have time to chat to people." The number of staff in each area of the home was based on the needs of the individual people. Nursing staff were deployed in the areas of the home where people required nursing care. We saw from staff rota's that the level of staff was consistent; the registered manager told us they regularly reviewed staffing levels taking into account the level of needs of the people in their care. The nursing staff and care staff were also supported by catering and housekeeping staff and other health professionals such as a physiotherapist and occupational therapist who visited the Centre each day.

People were able to call staff to assist them by using the call bell system in the Centre with bells in each room. We observed that staff had ensured that when people stayed in their own room they had access to their call bell. One person told us "The staff are very good and will do anything for me, they work hard, and I've got the call bell if I need anything but I've not needed to use it so far."

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the Centre.

People were assessed for their ability to self-medicate. Where it was considered appropriate and part of their rehabilitation programme they were supported to do this. One person told us "The staff did ask me about my tablets and asked if I wanted to manage them myself, I said no I would prefer them to give them to me as I might not get them right; I appreciated being given the choice."

People received their medicines, as prescribed, in a safe way and in line with the service's policy and procedure. We saw staff spent time with people explaining their medication and ensuring they had taken their medicines. Medicine records provided staff with information about a person's medicines and how they worked. There was also information about medicines people could take on a flexible basis, if they were required and when and how they should be used. People's medicine was either stored securely in a locked cabinet within a locked air conditioned room or in a locked cupboard in their bedrooms. Robust medicine audits had been conducted; these identified any issues in a timely fashion to ensure medicine errors did not happen, and if they did they could be rectified. Staff told us they ensured that people coming in for respite care had sufficient medicines with them for the duration of their stay. There was a system in place to safely dispose of any unused medicines.

There were regular health and safety audits in place and fire alarm tests were carried out each week. During our inspection the fire alarm sounded, the staff reacted quickly and calmly and knew exactly what they needed to do. Each person had a personal evacuation plan in place which was kept alongside clinical risk assessments held in a fire evacuation folder; this ensured that in the event of a fire information was readily available to the senior staff that may need to evacuate the building. Equipment used to support people such as hoists were stored safely and regularly maintained.

Any accidents/incidents had been recorded and appropriate notifications had been made. The registered manager collated the information around falls and accidents/incidents on a monthly basis and took action as appropriate.

Is the service effective?

Our findings

People were supported and cared for by a well trained staff team, many of whom had worked at the Centre for several years. People told us they felt confident in the skills and knowledge of the staff. One person said "I feel confident and comfortable here, the staff are all very good." A person visiting the Centre told us "The staff are very attentive and helpful and know how to meet [Name] needs." We read a comment from one family member "I have felt very assured by the quality of care my [Relative] has received. They have been better psychologically than at any time in many months." A health and social care professional commented "There is a consistent staff team here who are well trained and the communication between the staff is very good."

All new staff undertook an induction programme which was specifically tailored to their roles. Newly recruited staff also undertook the Care Certificate which is based on 15 standards. It aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. In addition to in-house training and on-line based training all new staff shadowed more experienced staff over a period of time until they were assessed to be competent in their role. New staff were not allowed to care for people independently until they had undertaken all mandatory training which included moving and handling, safeguarding and infection control.

We looked at staff files to review the training provision which underpinned staff knowledge and abilities in their role and responsibilities. Training in key areas such as first aid, fire safety, medication, movement and handling and dementia awareness was refreshed regularly to ensure staff kept their skills and understanding up to date. We noted that staff had appropriate qualifications to reinforce their abilities in their work. A number of staff told us about training they had recently undertaken which had helped them to develop their skills to support people to regain their confidence and remain independent. Staff told us that they were able to discuss and reflect upon their training needs in supervisions with their manager. We saw that the provider maintained a training matrix for staff which ensured that staff were booked on to any training they needed.

Staff felt supported and listened to. Staff told us they received supervision regularly and had yearly appraisals. We saw that supervisions were scheduled throughout the year for staff. One member of staff told us "I can discuss my training needs in supervision; there are lots of opportunities to undertake training."

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 decisions 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. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were.

The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals.

People were involved in decisions about the way their support was delivered. Staff sought people's consent before the undertook any care or support. We heard staff asking people "Are you ready to go to your room now;" "How are you feeling today, would you like to join the exercise group;" "What would you like me to help you with." People were encouraged to do as much for themselves as possible and we observed staff offering support and encouragement to people who were practicing their walking. One person told us "The staff are very good they will do anything for me I can get up and go to bed when I want and have a shower when I need one." Each week a meeting was held to review people's progress, care plans were updated to include the next goals people were aiming for. Plans were discussed with people and, where appropriate their families, as to what happens once their time at the Centre came to an end. People stayed at the Centre on average two to six weeks. One family member we spoke to said "We get all the information we need."

People were regularly assessed for their risk of not eating and drinking enough; staff used a tool to inform them of the level of risk which included monitoring people's weight. A daily record kept in each person's room demonstrated that staff monitored people's fluid and food intake if they were at risk. If there were any concerns about people not getting enough nourishment referrals had been made to the dietitian for advice and guidance.

People were supported to eat a healthy balanced diet. There was a choice of meals available each day and the cook was able to offer alternatives if someone did not like what was on the menu. People told us the food was good and there was enough of it, one person commented "There is a good choice of food and plenty of it, we get three meals and then snacks in-between" another person said "The food is alright with reasonable choice, there's plenty of it, I've no issues and there's always plenty of drinks available." We observed one of the cooks sitting with people as they had their dinner. This gave the people an opportunity to comment on the meal they were having and for the cook to get feedback. There was a good atmosphere around the table and it was quite a social event. People were able to choose whether they ate in one of the dining areas or in their own rooms. Staff were encouraged to sit and eat with the people. There were enough staff to support those who needed some assistance with their meals. People who were unable to chew food or had difficulties with swallowing had their food pureed; food that needed to be pureed was kept separated to enable people to experience the different flavours of the food they were having. The cook was regularly updated on any special dietary requirements, the need for fortified foods and any specific likes or dislikes for people.

We saw from the care files that a variety of health professionals supported the Centre, this included physiotherapists and occupational therapists. The nursing staff had the appropriate training and updates to perform nursing tasks on those people with nursing needs. People told us they saw a GP when they needed to and one person told us that the Diabetic Nurse was due to visit them to help them manage their medicines.

Is the service caring?

Our findings

People told us that all the staff were friendly, kind and caring and supported them when they needed to. One person told us "The staff are all very kind and helpful," another person said "The staff are always there to help and are all friendly." We observed some very good interactions between the staff and the people staying at Thackley Green. Staff spent time chatting to people and encouraging them as they practiced their walking. There was a lot of laughter around the Centre and background music was played which added to the general feeling of warmth and calmness around the Centre.

People's individuality was respected by staff and staff responded to people by their chosen name. Staff knocked on bedroom doors before entering and checked with people whether it was alright to enter. Staff spoke politely to people and asked people discreetly if they needed any assistance. For example one person had problems with their hearing aide; a member of staff crouched down to the person to ensure they could hear them without the need to shout and asked whether they needed a new battery. People told us that their wishes were respected; one person commented that they would normally attend a therapy session but they did not feel up to it and staff respected their decision.

People were encouraged to express their views and to make choices. People confirmed that the staff involved them in decision making and allowed them to make choices. One person said, "The staff are always there to help, I can get up and go to bed when I want, I've got my own TV in the bedroom, I like to read and do puzzles the days are not long, I can have my hair done every week which is lovely; the staff are all very friendly I'm quite happy and satisfied." Another person told us "The staff are very good and will do anything for me, they work hard, I can always talk to them if I need to, I get up and go to bed when I want and have a shower when I want it's just lovely."

We could see in people's room that people had been able to bring in personal items from home to make them feel more settled. One person who had come in for respite care told us "I choose to come here, I've been here three or four times now for respite. The staff are very good and will do anything for me. I bring my own special cushion in to sit on it's very comfortable and I'm used to it."

There was information available about advocacy. The registered manager said they knew they could contact an advocacy service if they needed to and had done so for a person who had no family and a decision needed to be made in their best interests.

The atmosphere in the centre was warm and friendly. Visitors were welcomed at any time and those who we spoke to said they always felt welcomed. One relative told us "We come and go as we like, the staff are helpful and attentive." We read one comment from a family whose relative had been in for respite care "Many thanks for taking such good care [relative] and making their stay happy and safe."

Is the service responsive?

Our findings

People's needs were assessed before they came to stay at Thackley Green to ensure that their needs could be met. The deputy manager attended regular meetings with other health and social care professionals who were tasked in identifying appropriate rehabilitation and respite services for people. This enabled the deputy manager to gain a greater knowledge and understanding of a person's needs before they were admitted.

People and their families were encouraged to visit the home if possible before making the decision as to whether to come for respite care. Staff had sought information from people about themselves which was used to develop an individual care plan. The care plan detailed the care and support people needed. As people arrived for respite care the staff took time to gather as much information as possible to ensure people's preferences and likes and dislikes were fully known. We saw from the care plan of a person living with dementia, who came for respite care, that the information included a summary of activities they liked to do, such as attending a day centre; arrangements had been put in place to ensure that the person could continue to attend the day centre whilst in respite care.

People were provided with the specific equipment identified in their assessments. For example, people who had been assessed as being at risk of developing pressure ulcers had been provided with pressure relieving equipment and these were being used correctly. We saw that people who had been identified as having problems with their mobility were referred to a physiotherapist and support plans were in place and were reviewed each week.

People stayed at the Centre for approximately two to six weeks at a time. During that time their care was regularly reviewed with them and if appropriate, their families. For those people who stayed for rehabilitation the aim was for them to either return to their own homes or another setting which could effectively meet their longer term needs. Reviews were based around enabling the person to reach their individual goal and setting new targets for people as they began to progress. One person told us "I couldn't walk when I came in they've helped me with my walking and now I can walk again." We observed a therapy session being undertaken by a physiotherapist and a member of the care staff, they gave encouragement and clear instructions about what to do and the people seemed to enjoy the exercise. One person told us "I don't always want to go but when I get there I really enjoy it; it's important to keep going."

Care plans had been written in detail and were well maintained with current information. The detail was such that staff providing the care would know exactly how a person liked their care to be delivered in order to provide consistency. The care plans for people living with dementia, who were staying for respite, included a life map which described their life history, the important people in it and special events which helped the staff to get to know the people they cared for. Staff spent time with one person talking to them as they ate their breakfast, we read in their care plan that they needed one to one support as they easily became lonely and distracted from eating. The staff all knew the person and spoke to them about their family.

People undertook activities which supported their rehabilitation programme which supported people to regain skills and maintain their independence. People worked with staff to practice their walking and ability to climb steps to build up their strength and confidence. People were encouraged to socialise at mealtimes and spend time with others. One person told us "I like to do puzzles and read." If people wished to pursue their own interests they were encouraged to do so. The aim was for people to remain as independent as possible and make choices and decisions for themselves. People were offered the opportunity to spend time at the day centre which was based within Thackley Green. On the day of the inspection a number of people were enjoying a tea party with music and singing. The registered manager told us that they also arranged social entertainment for people.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. Feedback surveys were available in each room which could be completed during or following a person's stay. People spoke highly of the staff and management and felt able to approach anyone if they had a concern. Relatives said that if they had any concerns they would speak to the manager. The registered manager told us that they tried to resolve any concerns as quickly as possible. We saw that where complaints had been raised the registered manager had responded promptly and sought the relevant advice and support to resolve things. One person said "'I've no complaints the staff are very good and will do anything for me; I can always talk to them if I need to."

Is the service well-led?

Our findings

Thackley Green was a specialist care centre and as such worked alongside other health and social care professionals such as occupational and physiotherapists and care managers. Weekly meetings were held with health professionals to develop a holistic approach to support people to identify the best way forward for them, whether that be returning to their own home or looking at a different place that could meet their needs. Everyone who worked with an individual had a key role to play and their input was valued. One social care professional told us "The manager, the deputy and all the staff work well together and are very honest and open in sharing information to ensure that the rehabilitation people receive is effective."

There were regular meetings held with staff which gave the staff the opportunity to give feedback on the current practices at the Centre and to share good practice. The staff said they felt listened to and any suggestions or ideas they had were considered. There was a culture of openness and a desire to do better to provide the best possible person centred care and experience for people and their families. The provider had recently introduced an incentive scheme for staff which rewarded good practice and attendance. The majority of staff seemed happy with this and felt encouraged to deliver a good service to people. Staff were aware of the Whistleblowing Policy and understood their responsibilities to raise any concerns should there be any.

Staff knew the aims and objectives of Thackley Green, throughout the inspection staff encouraged people and praised them for their achievements. Staff had been encouraged to develop their skills to enable and support people to retain their skills and independence. A dementia champion had been identified to promote staff awareness and ensure that staff kept their knowledge and understanding of dementia care up to date. One health professional told us "It's very good and well organised here; people enjoy it here and like the staff."

The registered manager ensured that the Care Quality Commission (CQC) registration requirements were implemented and we were notified about events that happened in the service; such as safeguarding, accidents and incidents and other events that affected the running of the service.

The registered manager and deputy manager were visible and spent time around the Centre. People told us they knew who the manager was, one person said "I think the manager of the Centre is very good and often around chatting seeing how I am getting on." Another person told us "The deputy manager does a very good job." The management operated an on-call system so that staff always had someone to contact for advice and guidance out of normal working hours. The staff spoke positively about the support they received from the management. One member of staff told us "They are visible and will stop to ask you how you are getting on."

The provider encouraged people and their families to give feedback about their experience of the service. A feedback survey was left for people to complete. The information gathered from the surveys was collated and the results were used to drive improvements. Some of the comments we read from the surveys included "My stay at Thackley Green has been excellent, I cannot fault the place in any aspect; full marks to the chef –

excellent home cooked food." "My relative has been looked after expertly and I have felt very happy with their care; all staff are friendly, caring and helpful. Relative has put on weight – thanks to the chef!"

The provider supported the registered manager through regular supervisions, monthly management business meetings which looked at any issues around staffing, completion of any action plans which were in place following audits or feedback and bi-monthly quality audit visits to the Centre. The visits focussed around looking at ways to develop and improve the service and ensure that regular audits were in place. We saw records of audits being undertaken which included audits around medication, infection control and care plans. The registered manager ensured that through staff meetings that staff were kept aware of any action plans in place following an audit or feedback.